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NURSES' WORK IN MILK STATIONS

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In 1882 the city of Rochester, N. Y., with a United States census of eighty-five thousand people, had six hundred and ninety deaths under five years of age, or 37.5 per cent. of the total deaths from all causes during that year. In 1892, ten years later, there were nine hundred and sixty-eight deaths in children under five years of age, or 36.5 per cent. of the mortality from all causes for that year. Between these periods the deaths had varied, the yearly average of the death-rate under five years of age being a little under thirty-five per cent. for the ten-year period. As Kipling says, "the earth spawned humanity as it bred frogs in the rains, and the gap of sickness and death of one season was filled to overflowing by the fecundity of the next."

In the sixteen years between 1881 and 1896, in this city with an average population of one hundred and twelve thousand people, eleven thousand five hundred and thirty-eight children under five years of age died of various infantile diseases. The percentage of infantile mortality during that period was more than thirty-three per cent. of the deaths from all causes. Think of it! More than one-third of all the deaths during sixteen years occurred in children under five years of age. What was the cause of all these deaths? Why were there each year so many deaths among little children? Was our city the exception? No, the numerous infantile deaths in other cities prove that elsewhere—in cities big with population and in those of small numbers—the babies died quite as numerously and in some places more frequently than in our own city.

The main reason for all these deaths is not difficult to find. Of course, the stuffy air of living- and sleeping-rooms, the ill-cared-for

bodies, the lack of water both within and without the body, among other things, are somewhat responsible for these deaths. But these and any other causes for this great mortality, for the numbers of ill-developed children who grow to maturity, all pale into insignificance before the main cause, the dirty milk supply of our cities. If a child is brought up as it should be by its mother, under the guidance of a physician who will insist that no other way but the nature-given way is at all to be considered in feeding her child, then her child will escape the greatest dangers to which it can be subjected during its first months and years of infant life. But if, instead of the duties to her child, the duties of society are allowed to come before the maternal duties, then the child must be exposed to dirty milk, the greatest danger of its early life period.

Smallpox may be protected against by vaccination, diphtheria by antitoxin, other contagious diseases by isolation and quarantine, but no virus of cleanliness has yet been discovered with which to inoculate the duty of cleanliness into the milk farmer and the milkman, so that the milk supply of people of average means may be clean at its source and through its various channels of distribution. Most household commodities may be washed,—meat, vegetables, even shell-fish,—but no process of washing can clean milk once it has been fouled by dirt from the barnyard and other sources. Of course, people will tell you that the doctor says, "Better sterilize or Pasteurize the milk." Look at such a proposition from all points, and then decide whether you would advise a mother to feed the dirty milk of commerce treated in this way to her own child, and when you have so decided, let your decision be upon this basis and upon this basis alone: would you knowingly feed such a mixture to your own child? If milk is clean, it needs no such process to clean it; if dirty, the danger is only minimized by Pasteurizing or sterilizing.

The chief source of much of our milk supply is from the barn of the small farmer in the country. His barn is more often badly drained than not. Cobwebs usually festoon the walls and sides of the cow-house. The water supply is such that it does not enable him to properly clean his milk-cans and other utensils. Not infrequently his cattle are fed on insufficient food and food of poor quality. Not a small percentage of the cattle are in low health, and not a few of them are affected by tuberculosis. The man who cares for the cattle, milks them, cleans the cans and utensils, and distributes the milk has not been educated in even the first principles of cleanliness. The difference between the conduct of an ordinary milk-farm and that of an operating-room in a good hospital is quite as marked as the difference between the cleanliness observed in an

operating-room in a good hospital at the present time and the operating-room of twenty-five years ago. Upon the cleanliness of our milk supply throughout the country depends the lives of thousands upon thousands of children. Why should not the conduct of milk farming and milk distribution be carried on with the same care as is exercised in the twentieth-century operating-room? If there is a career for the trained nurse in the hospital, why is there not a career for her as a milk-farmer?

But if the source of the milk supply is so dirty, why not feed condensed milk? Have you ever thought that if the source of the ordinary milk supply—because it must be kept sweet in order to be sold—is as it has been described, what the conditions are under which the milk is found that is collected to be condensed? Is it to be supposed for a moment that the men who collect milk to be condensed exercise even the same small care in collecting that milk that the milkman exercises in collecting the milk to be sold from a wagon or store? If milk is dirty, neither Pasteurizing, sterilizing, nor condensing will remove all of the dangerous sources of contamination. Such milk, while it may not contain living germs, still contains their dead and disintegrated bodies, together with certain poisons, toxines and ptomaines, excretions of the dead micro-organisms that have been killed by heat and which bear the same relation to the dead bacterial bodies that urine, fæces, and sweat bear to our bodies. Putting the facts in another way, it is as if the reservoirs from which our water supplies are drawn had myriads of dead bodies floated through them, and then to purify the water it was to be sterilized by heat. Such a process would minimize and in some measure destroy the deleterious substances in the water, but who would care to drink the water, or recommend it as a good water supply for little children? What has been said of condensed milk may be repeated for the milk collected to go into the so-called milk foods. Again, milk treated by heat up to the Pasteurizing or boiling point has its constitution changed—its curd made tougher and more difficult of digestion, especially for little children.

It is mainly for the above reasons that the natural feeding of children should be insisted upon. Failing in this, a more careful, systematic inspection of all city milk supplies should be thoroughly carried out under municipal, State, and national inspectors, so that the mother compelled to use such milk, either through lack of education or failure of the maternal milk supply, should be enabled to get a milk having not only its proper food value, but an absence of excessive amounts of cow-manure and other dirts.

How may this be done? In most cities the municipal milk inspec-

tion of to-day provides for a standard of food value in the milk supplied to the people. In some of the smaller cities there is also an endeavor to provide for the inspection of the home and nearby sources of milk supply; but when, in a city like ours, milk comes from even sixty-miles' distance, the difficulties attending inspections by the city inspectors are at once manifest. When, as in New York City, the milk supply comes from some five other States, the difficulties attending the inspection of milk at the source of its supply by the municipality are insurmountable.

In our own city the most we can do to prevent dirty milk is to place a standard of cleanliness upon the milk coming into the city and to inspect the outlying dairies within driving or easy railroad distances. We attempt a standard of cleanliness by counting the bacteria in from three hundred to five hundred samples of milk each year. In practice it is almost impossible to get milk absolutely free from bacteria. Milk well cooled, containing less than one hundred thousand bacteria per cubic centimetre at the time of its collection, is considered good milk. This standard we have tried to insist upon for our city during the past four years.

In the large cities grocery milk and milk from dirty dairies contains from five million to one hundred million bacteria per cubic centimetre. In our city our attempt to maintain a standard of cleanliness has resulted as follows: Prior to 1900, eighty-six samples of milk showed an average of eight hundred and thirty-seven thousand bacteria per cubic centimetre, excluding twenty-six per cent. which contained over five million bacteria per cubic centimetre. In 1900, three hundred and nineteen samples of milk averaged seven hundred and ninety-six thousand bacteria per cubic centimetre, ten per cent. contained over five million bacteria per cubic centimetre, and fifteen per cent. contained under one hundred thousand bacteria per cubic centimetre. In 1901, two hundred and eighty-seven samples averaged two hundred and seventy-five thousand bacteria per cubic centimetre, nine per cent. contained over five million bacteria per cubic centimetre, and twenty-eight per cent. contained under one hundred thousand bacteria per cubic centimetre. In 1902, five hundred and thirty-one samples averaged two hundred and fifteen thousand bacteria per cubic centimetre, six per cent. contained over five million bacteria per cubic centimetre, and thirty-four per cent. under one hundred thousand bacteria per cubic centimetre.

In connection with these examinations more than four thousand samples were examined to determine the food value of milk. Stables and dairies within easy driving distance are frequently inspected and directions given for the order and maintenance of such places.

But of all this work the public is mainly ignorant, as it mainly is of the necessity for feeding clean milk to little children. The public, therefore, needs to be educated. This we attempted to do when in 1897 a municipal milk station was established in a most populous section of the city under the direction of Miss Annie E. Kennedy, then a pupil nurse of the Rochester City Hospital. The station was fitted out in a vacant store, where counters, shelving, refrigerators, hot and cold water, and all the necessary utensils for bottling milk for children's use were provided. Here in our ignorance we at first secured milk from a farmer whom we deemed reliable and subjected the milk to a Pasteurizing process. The milk was put up in nursing-bottles of various sizes and in various dilutions and sold to mothers at the cost of the milk, the bottles selling at from one-half cent to one cent per bottle. The milk was so prepared and cooled that when the mother secured the milk the only thing necessary for her to do was to put a nipple over the bottle and feed her child. At the stations little books published in English, German, Italian, and Hebrew giving the salient features of infant feeding were distributed free of cost. The text of this book may be summed up in the following: TO KEEP A BABY WELL: (1) Give it pure air day and night; (2) give it no food but mother's milk, milk from the bottle, or food directed by the physician; (3) give the baby water; (4) be sure that it gets enough sleep—two naps during the day at least; (5) do not put too much clothing on it; (6) bathe it in a tub every day; (7) don't handle it, let it alone.

We sought at the station to teach the mother with a hand-fed child to feed her child according to weight and not according to age. Weight indicates the stomach capacity of the child. To this end the station was provided with a scale, and in the absence of directions from a physician, the nurse weighed the baby and prescribed a food formula for it according to its weight. At the station beds of cheese-cloth stuffed with excelsior were for sale at cost. Nipples, bottle brushes, and small tooth-brushes were also for sale at cost. With the little booklet for a guide, the nurse talked to the mother about the care and feeding of her child, and to this work much of the success of the first year was largely due. At the beginning of August of the same year another station was opened in charge of a nurse from St. Mary's Hospital. At the end of the season about eight thousand bottles of milk had been distributed, and, more than this, much-needed information had been given by the nurses to the mothers who came to the stations. At the close of the year it was found that two hundred fewer children had died than in the year before. The following year two other stations were opened in charge of nurses from the Homœopathic and Hahnemann Hospitals.

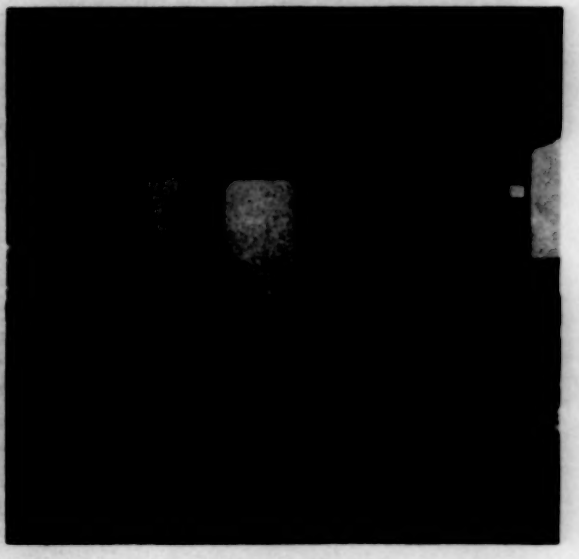
It is now six full years since the summer milk stations were first established. Each one is in charge of a trained nurse from one of the city hospitals. Three years ago we stopped Pasteurizing the milk. Instead of having the central station in the city, we now have a portable milk laboratory on a farm in the suburbs. Milk collected and prepared at this farm, under the supervision of Miss Kennedy, contained less than fourteen thousand bacteria per cubic centimetre, while city milk during the same period approximated two hundred and thirty-five thousand bacteria per cubic centimetre.

During the six years that this work has been carried on the mortality in infants under one year of age has fallen sixty-five per cent., and the mortality in infants between one and five years of age has fallen fifty-eight per cent., below the mortality for the six years prior to the time this work was begun. For the same period the mortality of infants under five years of age has fallen from twenty-eight per cent. of the total mortality from all causes to 19.8 per cent. of the total mortality from all causes. Putting the facts in still another way, from 1897 to 1902 there were one thousand six hundred and twelve fewer deaths in children under five years of age than in the period from 1892 to 1896.

Comparing the mortality of our city with nine other cities in the State, it is found that the percentage of mortality in children under five years of age for the six years from 1897 to 1902 is for these cities as follows: New York, thirty-seven per cent.; Brooklyn, 36.1 per cent.; Long Island City, 34.7 per cent.; Albany, 21.5 per cent.; Yonkers, 37.4 per cent.; Troy, 22.7 per cent.; Utica, 23.9 per cent.; Syracuse, 23.1 per cent.; Buffalo, 32.3 per cent.; Rochester, 19.8 per cent.

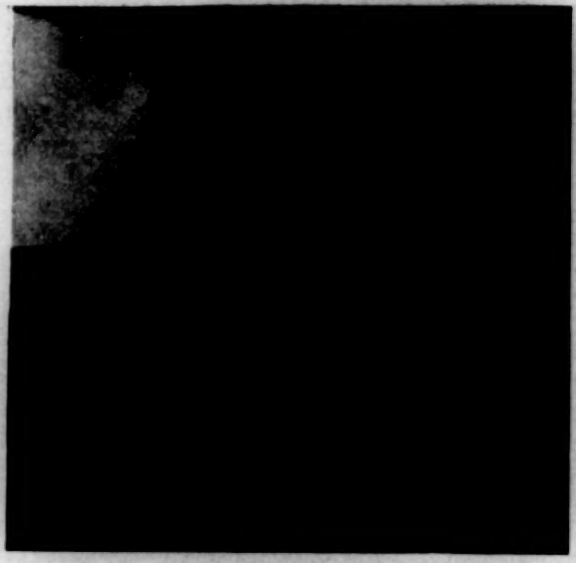
This work is not dependent upon the amount of milk sold; its success is largely due to an improved system of milk inspection, to a bacterial standard for the city milk supply, and to the work of the nurses in the summer milk stations established under the auspices of the Rochester Health Department. These stations are only conducted during the months of July and August. We need at least one station open the year around, for in the winter milk is at its dirtiest, and while children are not affected to the same extent by dirty milk in the winter as they are in the summer, yet dirty milk always has its influence upon the health of every patient to whom milk is given. Remember this: The next time the doctor says, "Put the patient on a milk diet," look at the milkman, his wagons, cans, utensils, ask him where he gets his milk, and if the outward appearances of the milkman and his outfit are not all that you think they ought to be, tell him so, and if he doesn't improve, seek another and a cleaner-looking man and wagon.

THE FARM



THE FARM LABORATORY

MY FAITHFUL HELPER



WASHING CANS AND BOTTLES

FROM THE NURSES' STANDPOINT

By ANNIE E. KENNEDY
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In the summer of 1897 I had assigned to me the care of the first milk station in Rochester. At that time the city did not have its own milk-farm, but had the milk furnished from a herd of cows which was under the supervision of the Health Department. This was brought to the station and prepared after a certain formulæ, either sterilized or Pasteurized (one of our nurses once wrote it "Pastorized," and when the staff doctor made the discovery he smilingly said, "Miss ——, this must be a clerical preperation"). In addition to the preparation of the milk, I was supposed to give advice to the mothers in regard to the care of the children, which was not always accepted in the spirit in which it was given. One father who came for advice, after listening to my instructions, coolly informed me that he had raised nineteen children, and probably knew more about their care than he could find out from me.

A mother was worried about her baby, who had cholera infantum, and when I asked her what she had fed it, she said, "Well, we give him a little of whatever we have," which I found out was pork sausage, sauerkraut, bread, etc., and also that he was "very fond of beer."

Who could wonder that the child vomited and had bowel trouble?

At the close of the first season I had some misgivings as to the amount of good that had been accomplished, but on reopening the following year, 1898, found that the mothers had taken a deeper interest in the benefits of the station than I was aware of. For example, the percentage of children sweltering in woollen clothing in July was much less than during the first year, and bathing was more widely practised.

The same year the Health Department established three milk stations, and in 1899 added one. In 1900, 1901, and 1902 it seemed necessary to increase the number of stations to five in order to cover the territory where so many children were in need of the care. The work was interesting, and there were many amusing incidents to brighten the tedious hours.

In 1903 the Health Department of Rochester assumed control of the milk-farm, about three miles out of the city, where fifteen cows were kept. My duties consisted in superintending the cleanliness of the stables, cows, and men during the milking process. This necessitated my rising at four o'clock every morning, rain or shine. The strainers and all utensils used in the preparation of the milk for the sub-stations had to be sterilized and ready for use as soon as needed. About one hundred quarts of milk were sent out daily from this farm, in four-,

five-, seven-, and eight-ounce bottles. There was no small amount of bottle washing, in which I was ably assisted by "Nathan," my cheerful "right hand," who likewise proved my guardian by day.

When the labors of the day were ended I was usually glad enough to turn in to my tent, where, like Robinson Crusoe's, "my right there was none to dispute."

By my bedside on the table lay a loaded six-shooter, while outside the door reposed a huge black dog with a bark like a megaphone, but, let a peal of thunder or the report of a pistol arouse him, and he would be "absent, but not forgotten." No; it would be very hard to forget his cowardly acts.

A summer thus spent on the milk-farm, from July 1 to September 1, proved a pleasant and interesting diversion from the general routine of private nursing.

THE CARE OF THE BABY'S CORD

By RUTH BREWSTER SHERMAN
Graduate Nurse of the Johns Hopkins Hospital

To the graduate fresh from her training-school the treatment of the umbilical cord may seem a simple matter leading to an unvarying result. So, to a certain degree, it is; and in this case, as in all the rest of our work, we can say with the proverb, "Blessed is the nation which hath no annals;" but it will also often happen that a nurse who does much obstetrical work will find something new to learn about the cord from each baby under her care.

A very common dressing is the square of powdered linen with a hole in the centre. But with even the most careful sterilising these will become slightly stiffened and the powder is apt to be lumpy or to collect in the folds of the linen. Much better results are obtained by powdering the whole stump of the cord thickly with sterile boric powder and wrapping it in sterilised absorbent cotton, padding well around the base and between the cord and the abdomen before the band is pinned on. This dressing stays in place better than the linen and is more comfortable against the skin; also, it better absorbs the natural moisture of the "jelly," as will be seen by an examination of the cotton on the first occasion of a change. To insure the sterility of the powder and avoid the necessity of handling it, a nurse who takes many obstetrical cases will find it helpful to carry with her a small glass or tin box with a

MY PROTECTOR

perforated top, or an ordinary small kitchen salt shaker, which can be filled with powder and sterilized with the rest of the obstetrical dressings.

We are past the days when hunger and colic were almost the only causes assigned for a baby's crying. We now think of an over-full stomach as well as an empty one, of thirst or sleepiness, heat, cold, damp or disordered clothing, cold feet, or a cramped position. We might well add: think also of the cord when seeking the cause of persistent crying. Remove band and dressing, powder the stump and put on plenty of fresh cotton, change its position slightly on the abdomen, powder and rub gently the whole surface of the body to be enclosed in the band, and then replace the band just closely enough to hold the dressing in place—and the chances are ten to one that you will have a quiet, comfortable baby instead of a screaming one. No nurse who appreciates the baby's feelings will make the old mistake of a too-tight band. Remember its only object is to protect the dressing; remember too how easily it wrinkles and chafes the sensitive skin, and how distressing on the tender little body must be the pressure of the cord and its dressing when there is the least compression, especially if the cotton becomes damp or stiff or bunchy! Attention to these details at night also increases the probabilities of a quiet sleep.

As the cord separates and the bundle of fibres holding the dried stump to the body grows more and more slender, daily care must be taken that powder and cotton are both applied well under the separated edges, quite to the inmost surfaces, where they are now especially needed. The baby may now be fretful for two good reasons: the stump is by this time so dry and harsh that any contact with the delicate skin is irritating, and it is so loose that it easily slips out of position and puts a strain on the small bundle of fibres which holds it to the body.

Two authorities on the care of children have recently remarked that whether the cause be natural or a fault in treatment, cords remain on longer now than formerly. Many nurses find in private practice that they remain on considerably longer than hospital experience led them to expect—until the eighteenth or nineteenth day or more. I lately nursed a baby the stump of whose cord was cut away on the twenty-first day by the doctor, who expressed a belief that if let alone it would not have fallen off for another month. The remaining small wound, antiseptically treated, healed in a few days. The mother said that the same thing had happened with an older child, in whose case the stump had been severed from the body, she said, with a cautery.

Powder and cotton are necessary over the navel for a few days after the cord drops. One doctor I know uses iodoform at this time. It is always a welcome day when we can dispense with these and the flannel

strip, and use the soft woven band with buttoned shoulder-straps and flaps for pinning to the diaper, or, with a summer baby, no band at all.

Slipping of the ligature, with resulting hemorrhage, is an accident which I am thankful to have seen only once, either in or out of hospital. My first baby patient in private work was born in intensely hot weather, but during the first day her hands suddenly became blue and cold. Quick investigation revealed the cause, apparently between one and two drachms of blood having just been lost. The cord was retied with bobbin dipped in formalin, the baby put to bed, thoroughly warmed, and no harm followed.

One who reads much will meet varying advice on the best way of treating the cord. The New York *Medical Journal* two years ago quoted a foreign article recommending alcohol and urging in its favor (1) that it causes the watery elements to be rapidly absorbed, with resultant quick drying of the stumps; (2) that through the disinfecting properties of alcohol infection is prevented, and (3) that the method is painless. A firm of manufacturing chemists, which makes a specialty of all articles needed in obstetrical work, has issued a pamphlet called "Hygiene in Maternity," in which, among excellent directions for the care of her patients, the nurse is told to wrap the cord in "a pad of absorbent cotton soaked in alcohol or boracic solution." One cannot, however, do better than to read the following extract from the "Obstetrics" of Dr. J. Whitridge Williams, from whom I learned this plan, for while many physicians give definite orders on this point, there are also many who care not at all what particular method a nurse uses so long as she gets good results—a thriving baby and a clean, healthy navel.

Page 315: "Formerly the care of the cord was considered a very trivial matter, and the midwife, as a rule, would wrap it in a piece of greased or singed linen, after which little or no attention was paid to it. This practice, and the total neglect of aseptic precautions, frequently resulted in an infection which was transmitted through the umbilical vessels, and from which in times past great numbers of children have perished. Even now umbilical infection is not of infrequent occurrence, and it may be stated as a general rule that whenever children die without any appreciable cause within a few weeks after birth, such an infection should be suspected and can usually be demonstrated. In view, therefore, of the not inconsiderable danger of infection from this source, strict aseptic precautions should be observed in caring for the cord.

"After the bath the stump of the cord should be thickly sprinkled with powdered boric acid and covered with a pad of sterile absorbent cotton held in place by a flannel bandage. If the child does well, this dressing need not be changed for some days, unless it becomes moist or

soiled. On removing it the cord will usually be found completely separated, otherwise a similar dressing should be reapplied. I have obtained very satisfactory results with this method of treatment, although in some cases it appears to prolong unduly the separation of the cord. After the cord has sloughed off the granulating umbilicus should be treated in the same manner, and the child should not receive another tub bath until it is completely healed, nor should the umbilical dressings be contaminated.

"In 1900 Dr. W. M. Dabney, one of my assistants, performed a series of experiments in the hope of determining the best method of dealing with the cord. He treated several series of cases, respectively, with the following dressings: boric acid, salicylic acid, a mixture of salicylic acid and starch, and a wrapping of silver foil. So far as he could see it made no difference which method was employed, provided the dressings were sterile. In still another series of cases he applied an occlusive dressing of liquid celloidin and absorbent cotton, but found that under such circumstances the cord was kept unduly moist and separation was perceptibly delayed.

"During the past few years this question has given rise to a great deal of discussion. In 1899 Dickinson recommended that the cord be completely excised where it joins the abdomen, its vessels ligated, and the wound closed by sutures. In 1900 Martin recommended that the cord be ligated close to the abdomen and cut through with red-hot scissors. Porak and others advocate compression of the cord by powerful forceps. But to my mind these procedures offer no advantage over those already in use, the important point in the treatment being not so much the method employed as the avoidance of infection by the most rigid adherence to the principles of asepsis."

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS*

By LILIAN D. WALD

The treatment of disease among the poor assumes grave importance when regarded from its social, economic, and moral aspects, as well as its purely therapeutic one. The proportion of people made dependent upon the community, in the first instance, through illness, the economic waste of unhygienic and physically demoralizing conditions, and the certainty that much of the result could have been prevented are powerful

*Lecture to the Winter School in Philanthropy of the Charity Organization Society, New York.

arguments for bringing our social zeal to intelligent study of the part we are to play. That the world has profited in the past by the application of science to the elimination of wholesale ravages from certain diseases, such as typhus, smallpox, etc., are indications of the further progress we may expect. Interference by the State with child labor, provision for play and outdoor exercise, and vigilant inspection of food supplies and so forth, are examples of the general recognition of the social significance of having a well community.

The point of view for the beginner is important: a charity visitor should know that many diseases, some of them repulsive in character, are due to defective unhygienic environment and impoverished constitutions, quite beyond the individual's power to control or to escape from, more frequently than to those causes for which the individual could be held more directly responsible, such as intemperance, moral obliquity, ignorance, etc. There are numerous complications that enter into the purely professional aspect in practising among people who have not economic resources. The absence of conventional etiquette, the quick emotionalism, the difficulty of adjusting and adapting the needs—often the whims—of the patient and the patient's friends to reasonable or arbitrary regulations of institutions of an eleemosynary character, any one who has had experience can testify to. On the other hand, rightly used, the opportunity to establish satisfactory relations with the family when illness has been the occasion of summoning the visitor cannot be equalled.

WHEN AND HOW TO GET A DOCTOR.

Let us assume that you have been called to a family where there is illness. In my opinion, all investigation should be postponed until inquiry relevant to the patient has been made and you have shown that you are ready to listen to the history of the ailment and are desirous of securing relief for the patient. Questions must be asked to enable you to find out what medical care has been given. It would probably be an unusual thing, and quite accidental, that a non-professional should be called to a case requiring instantaneous action, as an emergency case from the hospital point of view alarms a neighborhood and something has happened, usually numerous somethings, before the charity visitor can be reached. But a charity visitor might be called where there is distinct illness and where no medical attention has been given. The first action would be to sit down to hear the recital of the patient, or, if the patient is too weak to give it herself, of some one person who may possess calmness and intelligence. The family physician among the very poor is rarely known, but in the foreign quarters the lodge doctor, the benefit society doctor, or the club doctor take his place. If the patient has had

no physician, find out if there is such connection, remembering to ask under what conditions he may be called in, as the weekly or yearly dues paid in to such a society for the doctor's services usually exclude surgical or obstetrical care. If there is no such provision, the visitor should be familiar with the free doctors connected with dispensaries. A friendly, "Shall I see the doctor for you and ask him to call?" establishes your own readiness to serve from the patient's point of view. In New York many dispensary regulations forbid the physician answering a call from any but the nurse or a member of the family, and in one, at least, where the rule is rigid, that none but application from the family will be responded to. Here the slight service of writing the note and explaining so far as you can the nature of the illness will facilitate the member of the family who may be sent.

The doctor summoned to attend the case properly demands consideration. The doctors rightly complain that their work is much hampered, and sometimes embittered, by the fact that the patients who pay nothing, or very little, request doctors from the various agencies to visit, and we cannot wonder at the lack of professional concern when professional respect has not been accorded them. You might ask if there is a doctor, and a denial might mean that none has seen the patient that day. Very often as many as nine or ten have been called in, and all but the dispensary doctor paid. "Can I see your medicine?" and proper questioning into the condition of the patient will usually bring forth the whole story. The fact that there have been many physicians, no one of whom is taking the responsibility, is, of course, no reason for not securing another, but your influence should be brought to bear upon the patient and the family to give the doctor confidence and a chance to effect his treatment. If there has been a doctor, learn what he has ordered and if his instructions are being carried out. If the prescriptions have not been filled, and this is often the case, because there is no credit in the drug-store and the patient may be waiting for the wage-earner's return at night, take the prescription, have it filled, and relieve the immediate pressure.

You may find that the bed is full of crumbs, and that the room generally is untidy or close and the odor unpleasant. After you have performed some slight service that brings recognition of your personal concern, the chances are that the patient will be grateful to have the bed straightened, the pillows smoothed, the room tidied, and even the children's faces washed, whereas, if you go in and make it apparent immediately that you perceive the air to be bad, that you do not approve of all the children lying upon the bed with the sick mother, that you wish to educate and reform, you will not be able to approach the matter of

close air, dirt, and disorder without hurt feelings and bad temper. It is remarkable how sensitive and irascible your patient may be under criticism if such an impression is made at first, and how tenderly appreciative the same woman can be if you have first established yourself as having sympathy for her sickness, and understanding of her problem as she sees it.

It is inevitable that the flock of neighbors will appear, drawn by curiosity, idleness, interest, or sympathy. It is necessary to firmly dismiss the curious and idle, but you should accept the assistance of any intelligent person, who may be required to explain many things. This, of course, if her condition be such as to prevent your getting the information directly from the patient herself or from an adult member of the family. Remember, however, not to ask questions that may affect the pride of the family, as, usually, appearances are kept up for the neighbors, and injury would be inflicted if the neighbors were taken too freely into confidence. There may be no family or lodge physician, or it may be Sunday or a legal holiday, when the free visiting physician cannot be reached, and you may be obliged to call upon a physician, there are such in every community, to make at least one call of investigation. In all cases a conference with the physician, whether employed by the family before you come or one secured by yourself, is advisable, that you may obtain accurate instruction as to nourishment, treatment, whether the case is a hospital one, etc. You will probably in this interview realize whether or not he is concerned about the social aspects of the case, whether he has considered the treatment prescribed (hospital or other) in an "all-round way," that is, taking in the circumstances, the drain upon the family, etc.

WHEN AND HOW TO GET A NURSE.

A patient in bed is indication for the need of the nurse. A district nurse is usually accessible and is hampered by less rules. She should be familiar with the most immediately available resources, the nature and limitation of the various services that could be called for. Nurses attached to dispensaries are for the assistance of the visiting physician connected therewith, and in a way are not of service to the general community, excepting as through the employment of that particular doctor. In Baltimore, Washington, Philadelphia, Cleveland, Chicago, New York, and numerous other cities there are district nurses who answer calls from any physician, or who will go at the request of a charity visitor, and who should have enough experience to know whether the illness is grave enough to call in a physician.

The nurse also is entitled to consideration. She is sometimes thoughtlessly asked to go to a patient who really does not require her

services. It is interesting that the people themselves appear to have better judgment in this than the charity and church worker or physician often evince. A patient who is about and going out of the house or partially attending his work may properly require a physician, or dispensary or even hospital attention, but not need a nurse, and she with a full day of serious cases may mount five flights of stairs to learn that the patient is not at home. Any patient who is in bed, however, is in need of her. The advisability of removal to a hospital is dependent upon various circumstances—the condition of the patient, the nature of the disease, money affairs of the family, rooms at their disposal, duration of illness, etc. The visiting doctor or nurse can alone judge as to the suitability of the case from the hospital point of view, whether he or she can properly be regarded as a hospital case. Practically every institution has definite limitations, and special hospitals are, of course, established in all the large cities. The knowledge of the character of each should be known, that time and temper be not lost. For instance, in New York very few hospitals will take puerpural sepsis or tuberculosis, and no hospital should be asked to take a patient who has had a contagious disease or who comes from a house under quarantine. Obvious as this may seem, we have had occasion at times to warn the hospitals of patients on their way to them, this fact not having been disclosed.

WHEN TO REMOVE TO A HOSPITAL.

Typhoid fever cases, because of the difficulty of disinfecting the stools and clothing and the consequent menace to other people in the family and the tenement, should properly be sent to the hospital. It is much more frequent to have a second or third typhoid (we have known the sixth and seventh cases) develop in the same family, and comparatively unusual for diphtheria to be passed on in like degree. The duration of the illness and the necessity of absolute quiet of a typhoid patient are determining causes for hospital care.

Brain troubles, where quiet surroundings are demanded; contagious diseases that may endanger and where isolation is impossible; operations requiring aseptic conditions; fractures or injuries requiring apparatus not procurable at home,—these indicate the hospital from the nature of the disease, irrespective of the question of pressing poverty.

Very young children do not do well in hospitals, and it is a serious matter to send a nursing child unaccompanied by the mother. This should never be done unless the physician has taken the responsibility of such action and the medical authorities in the hospital understand. Older children (three years and more) do very well in hospitals and are usually happy there, despite the mother's incredulity as to this.

(To be continued.)

THE TEACHING OF SURGICAL TECHNIC BY OPERATIVE DEMONSTRATION

By ELIZABETH KETCHUM

Graduate of the Roosevelt Hospital Training-School, New York

As the methods of teaching in training-schools are at present being much discussed, a brief description of a recent demonstration given by Dr. George E. Brewer in the Syms Amphitheatre of the Roosevelt Hospital to the pupils of the Training-School may be of some interest.

Having previously delivered a most practical and instructive lecture on the germ theory of wound infection, asepsis, and antisepsis, the suggestion that it should be followed by a clinic exclusively for nurses was at once adopted, Dr. Brewer kindly consenting to operate. Eight o'clock in the evening was the hour chosen, making it possible for all nurses on day duty to attend. Two simple cases were selected to demonstrate the difference between the aseptic and antiseptic methods. The surgeon was assisted by one member of the house staff and four nurses, graduates of the school. The nurse in charge was responsible, as usual, for all sutures and ligatures, the second passed instruments or held retractors, the third was responsible for the sponges, and the fourth gave the anæsthetic.

While the patient was being anæsthetized the method of hand disinfection was demonstrated, and the reason for each step in the procedure carefully explained. Then followed the final cleansing of the area of operation, which, in the first case, was for the removal of a small tumor in the gluteal muscle. Censors were appointed by Dr. Brewer from among those who had had some training in operating-room work to report at once any apparent error in the technic of the operator or his assistants. Attention was drawn to the different tissues as they came into view, and the tumor—which appeared benign and afterwards proved so—was quickly removed, sutured, and a sterile dressing applied.

During the operation the different materials—such as catgut, silkworm gut, silk, packing, etc.—were described and the importance of perfect asepsis in their preparation strongly emphasized.

In the second case, which was a tubercular ankle, disinfectants such as peroxide of hydrogen and formalin were used and a formalin dressing applied.

Between the two operations, while the second patient was being anæsthetized, cultures were taken from the gloves, dressings, towels, and suture material, demonstrating one of the means used to insure perfect technic in the nurses' preparation.

The interest of the pupils never flagged for one moment, and all expressed great appreciation of the thorough and interesting demonstration of such an important branch of their training.

HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON
Graduate Post-Graduate Hospital, New York

(Continued from page 359)

WHAT a disturbance is created in the home life when the family physician diagnoses a case of infectious fever.

The whole economy of the household is upset; children are packed off to relatives or friends, that, besides being out of the way of infection, their school life may not be interrupted. Isolation has to be arranged for patient, trained nurse installed, Health Board notified, social engagements cancelled, and occasionally extra help provided for laundry or kitchen.

Finally the family settle down to face a long, tedious siege of isolation from their little world, lasting for weeks.

In a household blessed with a number of children hardly a year passes without the advent of some infectious disease, as children are peculiarly susceptible to infection, and, no matter how well they are guarded, are liable to meet with it at school, at play, in street-cars, and in places of amusement. Last week I heard of a case of scarlet fever carried home to a child by his nurse from some friends she had been visiting.

It is impossible ofttimes to trace the source of infection, but in some instances it comes from pure carelessness—one might say heartlessness—on the part of those who have fever in their homes.

Not wishing to forego their social pleasures, and without a thought of the suffering, trouble, and even death they scatter around, people have been known to enter crowded cars or public gatherings directly from a fever room without changing the clothing or using disinfectants, carrying hundreds of germs in the folds of their garments, sometimes leaving them with a kiss on the lips of their friends or folding them up in books, letters, and magazines as a legacy of suffering to the receivers.

When we realise that some fever germs live for months in a covered-in space, and when freed proceed to do their deadly work, the

gravity of carelessness or ignorance in regard to isolation and disinfection is most apparent.

Another source of infection comes from the fact that the patient is sometimes allowed to leave his seclusion too soon. Where I was visiting this summer a little girl contracted measles from a child with whom she played on the seashore, the mother having allowed her little one to go in bathing with other children while the skin was still peeling off her arms; and the best part of one summer I spent in the mountains nursing a family through diphtheria, the infection due to the visit of a cousin allowed to leave her home by the country doctor apparently cured, but with diphtheria germs still in her throat, as shown by a culture examination after the mischief had been accomplished. The result, two new graves in the churchyard, besides the sickness and suffering of four other people.

The majority of infectious diseases are cared for at home, and with proper attention paid to the details of isolation and disinfection, the disease rarely spreads even to the other members of the family.

The first thought is a room for the patient, and this preparation falls to the care of the home mother while awaiting the arrival of the nurse.

As isolation is the most important consideration, choose two rooms at the top of the house (the ideal sick-room contains two windows, and will have a sunny exposure).

Two rooms are required, as there are two people to be considered, the nurse as well as the patient.

Fever nursing is peculiarly trying from many causes, and therefore special thought must be given to the health and comfort of the nurse, whether she is a trained nurse or a member of the family. There is, moreover, always risk of infection to the nurse, which may only be avoided by taking every precaution in regard to sleeping, dressing, eating, etc., in a room separate from the patient. When the house is large enough an entire floor should be given up to patient and nurse.

Carpets and curtains are removed at once and sent to the cleaners, so as to be ready for use when the rooms are disinfected. No rugs of any kind are left on the floor, and small draw curtains of cheese-cloth or thin muslin will be sufficient at the windows, with dark-green shades to be used at will.

A single iron bedstead, hair mattress, piece of rubber sheeting, blankets, and a generous supply of the oldest bed-linen, which must be kept entirely apart from the house-linen during the disease. No heavy quilt or coverlet, either white or colored; a sheet will do duty instead.

All the furniture required besides the bed is a small table, bureau,

one or two cane-bottomed chairs, and an easy-chair or sofa (cot bed with mattress most suitable) for the convalescent period. All unnecessary furnishings ought to be removed to provide for perfect cleanliness, daily use of disinfectants, and free circulation of pure air.

The preparation of the room for the nurse is carried out along the same lines.

As a safeguard to the family, a housekeeping department on a small scale is organised with a supply of china-, glass-, and silver-ware, the care of which must be undertaken by the nurse in all cases of infectious diseases, and the food, which has to be cooked in the kitchen, is carried up on a tray and left at the top of the stairs.

A large pail or tub is needed to disinfect the soiled linen, which must be carried to the laundry while still wet to prevent the germs from flying round the house.

The clothes-horse from the laundry makes a fine screen covered with a sheet, or the bright idea suggested by Miss Thornton, of a line stretched across the room between the window and the bed to support the sheet, makes a capital substitute. The suggestion might be made that some soft-colored cretonne or art muslin take the place of the sheet, as far more restful to weak eyes than the glare of a large white surface.

Most careful attention must be paid to the care of bathroom and toilet when (as in the majority of small houses) there is but one for the whole house. It has to be washed daily with disinfectants, and well flushed with hot water and disinfectants after the secretions from the sick-room are disposed of.

As long as there is an infectious disease in the house all the members of the family should take especial care of their health, live simply, get out in the air frequently, and keep the halls and passages well ventilated as well as the living rooms; for even with the utmost care some germs will wriggle themselves out of the isolation of the sick-room and find ready feeding-ground in any member of the family who may be "under the weather."

(To be continued.)

APPLIANCES EXHIBITED AT THE MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES IN PITTSBURG, OCTOBER, 1903

By CAROLYN C. VAN BLARCOM

Assistant Superintendent, Johns Hopkins Hospital School for Nurses

The nursing appliances described in the following pages are among those which were demonstrated at the tenth annual convention of the Society of Superintendents of Training-Schools, held in Pittsburg during the early part of October. They have in all but one instance been devised by nurses of the Johns Hopkins Hospital Training-School and are used in the wards of that hospital.

TYPHOID STRETCHER.

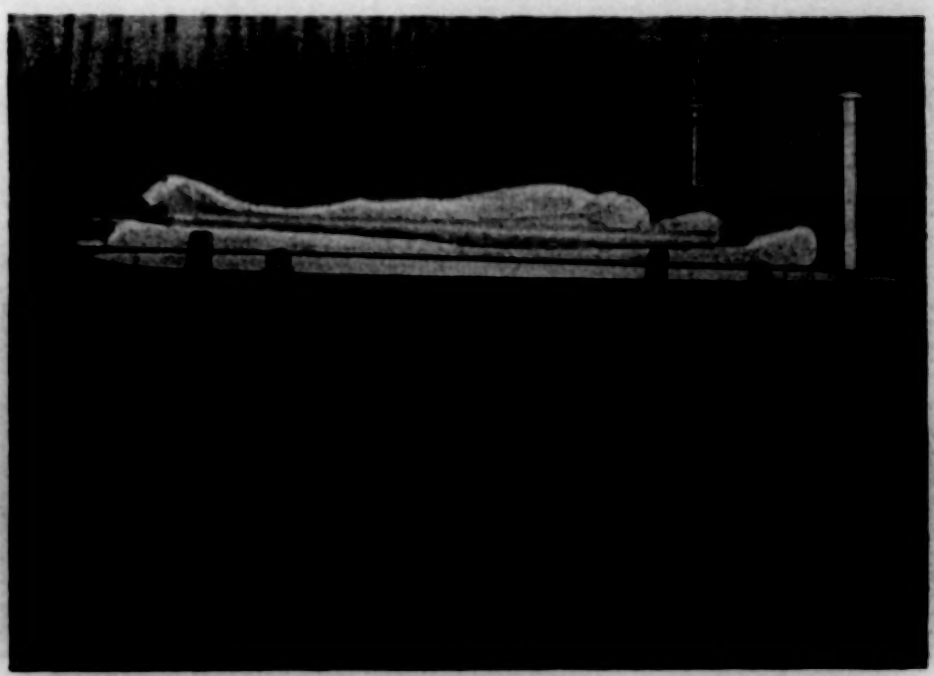
In giving typhoid baths the usual method employed for transporting patients from bed to tub and from tub to bed is one familiar to all of those who are occupied with the care of the sick, and it has been found that with one person supporting the head and shoulders and another at the feet a patient of average weight may be moved with comparative comfort. But sometimes disadvantages present themselves, particularly in the moving of very heavy or very weak and emaciated patients, and to obviate these difficulties, at least in a measure, the stretcher shown in the accompanying cut has been devised. The stretcher consists of a hammock made of stout webbing swung between two poles, running from head to foot, which are made of hickory or some other stout wood and finished at the ends with brass tips about three or four inches long, so cast as to provide a ring at each end of the poles. These are connected by means of cross-pieces similarly constructed the ends of which fit into the holes in the extremities of the long poles, thus forming a secure rectangular frame. The whole closely simulates a Bradford frame, and it was from this useful appliance that the idea was obtained. (Fig. 1.)

The hammock is slipped under the patient much as a fresh sheet would be, the poles are then slipped into the wide hems on each side, the cross-pieces fitted into place, and either a rubber ring or a horseshoe pillow is placed under the patient's head. (Fig. 2.)

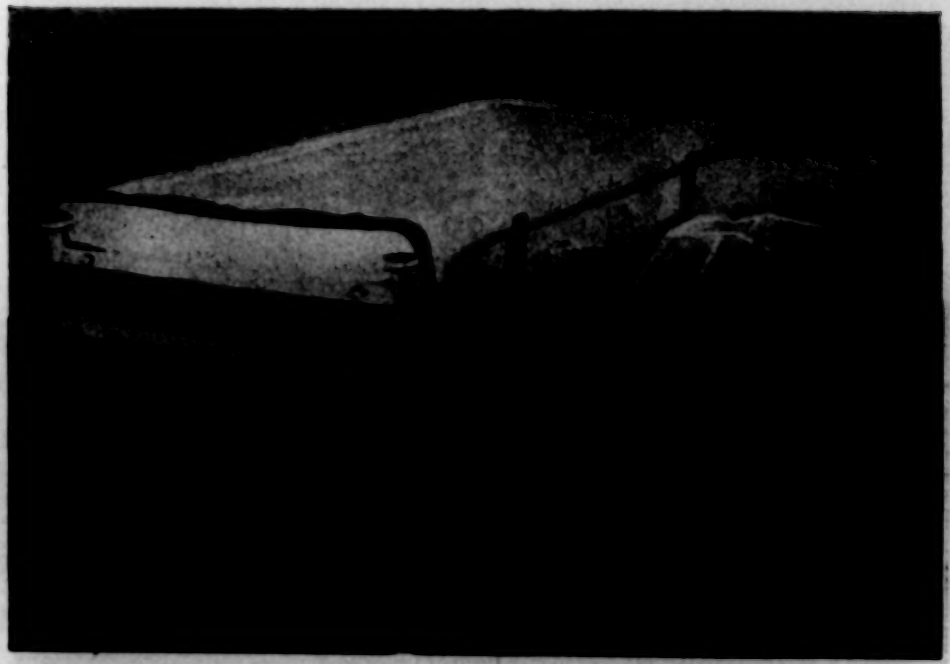
The stretcher is then lifted into the tub to rest upon two pairs of hooks which depend from the sides of the tub, much as picture-hooks do from a moulding. (Fig. 3)

The hooks nearest the patient's head are preferably raised one or

1. TYPHOID STRETCHER



2. TYPHOID STRETCHER ON TUB



4. TYPHOID STRETCHER—PATIENT IMMERSED

two notches above those at the foot, thus immersing the body and keeping the ears out of water. (Fig. 4.)

When the bath is finished the patient may be lifted upon the bed, which has been covered with a sheet and mackintosh in the usual manner, the poles slipped out, and the hammock removed with the wet sheets.

This stretcher has been used in one of the medical wards of the Johns Hopkins Hospital during the past year, and the features which would seem to commend it have borne the test of practical use, for it is found in many instances to add greatly to the patients' comfort and facilitate the work of the nurses. The advantages are perhaps greater in the lifting of very heavy patients, for upon the stretcher two nurses may without great effort lift such patients as would otherwise require the assistance of a third person, and are able to do it without the danger of jarring or scraping against the sides of the tub. And those who are too weak to respond to the familiar request that they "stiffen" themselves while being lifted, or patients who are so emaciated and sensitive as to make the firm gripping of shoulders and legs little less than painful, are certainly more comfortably moved in this manner. It may be said in general that the patients are moved with less effort on their part and with greater ease by the nurses than when employing the usual method; and there is an absence of that fear which is frequently evinced by patients who feel, and perhaps justly so, that inadequate strength is being used to lift them safely.

And it would seem that the stretcher might be comfortably adapted for use by patients in continuous baths, particularly those who once or twice a day must be lifted from the tub for irrigation or dressing. By adjusting the hooks upon which the stretcher rests a patient may be raised from the water, thus rendering dressings or other attentions very simple and without the expenditure of time and energy necessary for complete removal from the tub.

This appliance is the invention of Miss Nancy Ellicott, a graduate of the Johns Hopkins Hospital School for Nurses, Class of 1903.

(To be continued.)

NEW WAYS OF NURSING IN TYPHOID FEVER*

By E. M. LAWLER
Graduate Johns Hopkins Hospital

Those of us who have spent several years in the hospital and have carried out the routine treatment for typhoid fever, consisting of cold sponges, cold tubs, and a rigid diet of milk and albumen, are inclined to fall into the error of thinking that this is the only safe way of treating such patients. Yet the first case of a nurse starting out for herself may be typhoid fever treated in an entirely different manner, and when, as often happens, the patient makes a satisfactory recovery the nurse is obliged to realize—and well for her if this comes early in her career—that there are many ways of accomplishing a desired result, and the last word has not yet been said, perhaps, concerning the treatment of any disease.

Two distinctly different and to us new methods of treatment have come to our notice recently, and I mention them with the hope that if any of our members can add to these they will do so.

The routine carried out in the Johns Hopkins Hospital, with which every graduate of our school is familiar, has changed little in the last few years, except in minor details. The patient is given cold sponges every three hours if the temperature is 102.5° or over; after three or four sponges have been given, tubs are ordered. The temperature of the first tub is always 85° F. If the reaction is good, the temperature of the following tubs remains the same; if not good, the temperature is a few degrees lower, but it is seldom below 80° F. The diet is milk with lime-water alternating with albumen, and the patient is given as much water as he will take. It is given to him in definite quantities every hour, and a great point is made of the necessity of giving large amounts of fluid.

To one who has become accustomed to this method the idea that there is a hot treatment for typhoid fever is little less than startling, but it is a method in use and has been carried out recently in the Garfield Memorial Hospital, Washington. The temperature, pulse, and respiration are taken every four hours. The diet is liquid, but no milk is given. Hot water only is given to drink; no cold water or cold drinks of any kind are allowed. The treatment consists of hot rectal irrigations at a temperature of 110° F. three times during the day. Hot compresses are applied to the abdomen every four hours. Hot tub baths at a tempera-

* From the *Johns Hopkins Nurses' Alumnæ Magazine.*

ture of 100° increased to 110° F. are given three times during the day, and blankets are left around the patient for one hour after each bath. The results are apparently the same as those obtained by other treatment, and in almost every instance the patients prefer this to cold treatment.

Another method is that used by Dr. Georgiana Sands, of Port Chester, New York: it was originated by her father, Dr. Norton J. Sands, of the same place, and has been used by him for several years. The treatment appears to be simply starvation, and the results seem to justify the rather unique method. To quote Dr. Sands:

"As soon as the diagnosis of typhoid fever is made, the patient is freely purged and all nourishment with the exception of water is entirely withdrawn. Water is usually very acceptable and eagerly taken, but when this is not the case it is urged upon the patient to the amount of two quarts at least in the twenty-four hours. In the third and fourth weeks, as the temperature falls, the quantity is gradually reduced. The duration of the starvation period varies with the severity of the case, the usual time for an adult being three weeks. The indication for the resumption of nourishment is the complete subsidence of fever—so complete that we usually require it to be subnormal for twenty-four hours before allowing food, other symptoms by this time having abated. The method seems, and is, very simple, and it may be summarized in this way:

"1. An initial free catharsis to clear the intestinal tract of as much infection as possible.

"2. A prolonged starvation to eliminate the danger of overtaxing a diseased part as well as to avoid making a culture-tube of the bowel.

"3. An allowance of food after the subsidence of the symptoms, as usually indicated by a temperature continuously subnormal.

"The advantages of the treatment are that the patient has a shorter and less severe illness. There is rarely diarrhœa or tympanites, and there has been no instance of profuse hemorrhage, nor one of perforation. As for the resulting weakness, it is not so great as that following the longer and more severe illness of a patient who is treated in the ordinary manner and given the usual liquid diet."

As it is extremely probable that there are some of our more experienced members to whom one or both of these treatments is not at all new, and others who have had practical experience in still different methods, we hope that they will feel called upon to share their knowledge with others and will remember that discussions of new methods are always interesting.

THE WORLD'S WAR AGAINST CONSUMPTION

(Continued from page 106)

OUTLINE OF TUBERCULOSIS WORK IN CONNECTION WITH THE OUT-PATIENT DEPARTMENT OF BELLEVUE HOSPITAL

By JANE A. DELANO
Superintendent of the Training-School, Bellevue Hospital, New York.

DURING the summer of 1903 the old building of the Bellevue Dispensary was entirely remodelled and newly equipped for the care of out-patients in the vicinity of Bellevue Hospital.

I was asked by the Board of Trustees to take charge of this department in connection with the nursing service of the hospital, and to furnish pupil nurses not only for the work of the dispensary, but also to undertake a general supervision of the tuberculosis patients in their homes.

Miss Hopkins, a Bellevue graduate with several years' experience as a district nurse, volunteered to assist in the organization of this work. As it is a new departure, at least for this hospital, a brief outline of it may be of some interest to the readers of the JOURNAL.

Patients on entering the dispensary are questioned concerning their condition by a graduate nurse who acts as registry clerk, and are by her assigned to the various departments of the dispensary.

The tuberculosis patient is examined by the physician in charge and a careful history taken: If needed, an order for medication and a sputum pouch is entered on the history blank and furnished by the drug-store. If unable to procure milk and eggs at his own expense, these are also furnished by the hospital. Three dozen eggs and fourteen quarts of milk are supplied weekly. The eggs are furnished in two portions and the milk daily. Milk is often procured from the Strauss depots and the New York diet kitchens on order of the nurse.

As soon as possible after the patient's first visit to the dispensary the nurses visit his home, filling out a blank specially provided for this purpose. If sleeping in a dark room, which is often the case, the patient is advised to move the bed into the living-room and keep the windows open day and night. The nurses observe whether the patient is careful in regard to sputum, and if necessary the instructions given at the dispensary are repeated. Paper pouches which can be used twenty-four hours and then burned are provided, and the use of carbolic as a disinfectant is also taught. The nurse has a general oversight of the

patient's food, if necessary teaching him to prepare it, and instructs him concerning the importance of using separate dishes.

The first visit is usually made by Miss Hopkins, the nurse in charge, as it is most important to judge carefully of home conditions and to ascertain if they can be improved, and this knowledge is only gained by long experience in tenement-house work.

The second visit, made by a pupil nurse, is for the purpose of noticing if the instructions are being carried out, and, if not, to urge an improvement in conditions.

At least one call a month is made on every case. If, however, the patient is seriously ill and remains at home, visits are made as often as necessary, food and medication being taken to him by the nurse. But our work is especially intended to reach those whose condition is hopeful. Often the patient is referred to the Lincoln, Seton, or Metropolitan Hospitals. Notice is sent to us from these hospitals when a tuberculosis patient is discharged, and our nurses then visit him in his home.

It is too early to judge of results, but I cannot but believe that the work will be a benefit to those whom we are most anxious to reach —the patients with a reasonable hope of recovery.

It is work rather of instruction than nursing, and the leaflet, "Advice for Tuberculous Patients," will indicate what we are endeavoring to do. The medical history and nurses' blanks used in this work will gladly be sent to any institution inaugurating a service of this kind that may desire more of the detail of our method. The nurses' report for the first month shows results that promise much for the future in the war against tuberculosis.

ADVICE FOR TUBERCULOUS PATIENTS, BELLEVUE HOSPITAL, NEW YORK.

Be hopeful and cheerful; in most cases consumption is curable.

Do as you are told carefully, and remember that it will take a long time to get well.

You may improve steadily for months, and lose it all by carelessness.

Your expectoration or spit contains germs and is dangerous to yourself, your family, and your neighbors. It must always be collected in the pouches, as you have been taught, and burned.

Never swallow your expectoration.

Do not kiss anyone upon the mouth.

Always wash your hands before eating.

The treatment of your disease consists principally in (1) FRESH AIR, (2) REST, (3) FOOD.

Medicine will help, but it is not so important. Therefore the cure is principally in your own hands.

1. FRESH AIR.

Stay in the open air as much as you can.

Do not be afraid of cold weather. Remain indoors only on very windy or very damp days.

Avoid draughts, dust, and dampness.
Never sleep or stay in a hot or close room.
Keep at least one window open in your bedroom.
Have a room to yourself if possible. If not, be sure to have your own bed.
Wear wool next the skin, but not too much.
Never get overheated. Never get chilly.
Keep your feet warm and dry.
Always wear rubbers in rainy weather.
Bathe regularly. Sponge your chest with cold water every morning.

2. REST.

Avoid all unnecessary exertion. Do not walk more than you are allowed.
Sleep at least eight hours every night, and go to bed early.
Never run. Never get out of breath.
Never lift heavy weights. Never get tired.
If you have to work, take every chance to rest that you can.
Go slow.

3. FOOD.

Eat of plenty of good, wholesome food.
Drink at least one quart of milk a day.
Eat from three to six eggs a day, and take them raw if you possibly can.
Eat slowly. Avoid anything which causes indigestion.
Keep your bowels regular.
Do not drink liquor, wine, or beer.
Do not smoke.

4. MEDICINE.

Take no medicine without your physician's advice.
Stop any medicine which upsets the stomach.
Report regularly to your physician at the dispensary.
Come immediately if you have indigestion, diarrhœa, constipation, pain, increased cough, or hemorrhage.
If you cannot come for any reason, send word to your physician.
If you change your address, report it.
Follow instructions carefully and exactly, and your chances of getting well will be increased ten times.

NURSE'S REPORT

OF THE TUBERCULOSIS WORK IN CONNECTION WITH THE OUT-PATIENT DEPARTMENT OF BELLEVUE HOSPITAL FOR THE MONTH ENDING JANUARY 31, 1904.

Number of new patients at clinic	26
Number of new patients visited:	
By nurse in charge	20
By pupil nurses	2
Total	22
Secondary visits made:	
By nurse in charge	12
By pupil nurses	14
Total	26

Relief obtained from different sources:

New York diet kitchens, milk	84 quarts.
Straus depots, milk	83 quarts.
Bellevue Hospital, milk	42 quarts.
Bellevue Hospital, eggs	40 dozen.

Number of patients referred to hospitals, 18; entered hospitals, 7; 2 stayed only one day.

Number of patients referred by hospitals and visited:

By nurse in charge	0
By pupil nurses	8
Total	8

Remarks.—Each nurse has three afternoons a week at clinic. Few patients can be persuaded to remain in hospitals long enough to derive much benefit—hence the importance of this instructive work in the homes. Good results are already apparent.

Respectfully submitted to the superintendent of the Bellevue Training-Schools.

—— ——, Nurse in Charge.

WHAT REGISTRATION WILL DO FOR THE NURSING PROFESSION *

By REBECCA R. HALSEY
Germantown, Pa.

The problems which are facing the nursing world at present are many, but for the benefit of those who have gathered at this third convention of the Graduate Nurses' Association of the State of Pennsylvania let me call your attention for a few moments to but one,—which is the ultimate object of this State Society,—that of "Legislation for Nurses."

Mrs. Bedford Fenwick says, "The nurse question is the woman's question, pure and simple," and that "we can only secure professional enfranchisement through State registration and self-government."

We know that the nurses of four States—to the north, east, and south of us—have, through the instrumentality of their State societies, secured protection and the elevation of trained nursing to a profession by means of this legislation, and we also know that the nurses of five more States are working for this same object, therefore we dare not sit with folded hands.

* Read at the meeting of the Pennsylvania State Nurses' Association held in Harrisburg, January, 1904.

Shall we the graduate nurses of Pennsylvania,—"the Keystone State,"—because of indifference or petty economy permit the work that was begun in Philadelphia last April to fall to the ground; or shall we stand united, ready, each, to do her share towards the building up of a perfect circle, so that when at last the "wedge" is placed, it may rest in such a solid foundation that no one can shake it down.

It must be exasperating to the leaders in any line of work to see about them those who could be their helpers, but who will not even try; and I feel that my paper would be in vain did I not urge upon each of you to study up the subject of "Legislation for Nurses" in other States, and be prepared at all times to speak as a missionary in your own cause. Emerson says: "If you act, you show character; if you sit still, you show it. You think because you have spoken nothing when others spoke, and have given no opinion on the times, that your verdict is still expected with curiosity—as a reserved wisdom. Far otherwise; your silence answers very loud. You have no oracle to utter, and your fellow-men have learned that you cannot help them."

We are gathered together in this State association to provide for registration for nurses, for mutual help and protection, and for the advancement in every way of our professional work. We have in Pennsylvania some two thousand graduate nurses and more than one hundred hospitals which all employ graduate nurses, many of them giving a course of theoretical and practical instruction to women who spend at least eleven months of each year for three years—that is, thirty-three months—in study and work, with long hours for work and few for recreation, that they may be able intelligently to follow out a line of treatment for a suffering fellow-mortal in the absence of the physician.

In point of fact, the physician, whom we all honor, has given but one year more to the study of his profession, each year's term being about eight months long, so that his entire time amounts to about thirty-two months.

Our doctors found their profession was being trampled upon by the Indian medicine men, travelling fakirs, etc., and that they and the public whom they serve must be protected by law, and with their recognition from the States came the elevation of the standard of their profession, a more uniform course of instruction, and the adoption of a four-years' course of study in all schools, besides an official examination given by the "State Board of Medical Examiners" before they are qualified to practise medicine.

If the public needs to be protected from the spurious medicine man, is it not equally important that it be saved, and the nursing profession be protected, from the possible mistakes made by the woman

who will, without having passed within the doors of a hospital even, don a uniform and call herself a "trained nurse"?

Do we not need the protection that our State can give from just such advertisements as the following, that has been noticed by the writer in three of the popular magazines of the day: *"Be a nurse. We teach you by mail. Steady employment at a large salary always awaits the thoroughly competent nurse. We teach you the most advanced ideas by modern methods,"* etc.

Surely the "Sairey Gamps" have had their day,—they did their best, and some of them were faithful old souls,—but the modern methods and modern surgery has only been made possible by the modern trained nurse.

We believe that every woman should know at least the simpler methods of caring for the sick that she may be a help and comfort in the home—for in such ministrations she will neither injure her professional sisters nor do harm to her fellow-men. But let us who are members of the Graduate Nurses' Association of the State of Pennsylvania look forward and ever upward. Let us aim to deal justly and act wisely, and so prove to the lawgivers of our State that we are worthy of their protection. Then will the standard of our profession be elevated and not overcrowded; then will our good name be protected and the graduate nurse who dons a uniform and stands side by side with the physician, whether it be at the bedside of the wealthy or in the hovel of the destitute, will feel that she carries with her the sterling mark of quality, remembering always that "To whom much is given, much is required."

A Writer's Request of His Master.—"Lord, let me never tag a moral to a story, nor tell a story without a meaning. Make me respect my material so much that I dare not slight my work. Help me to deal very honestly with words and with people because they are both alive. Show me that, as in a river, so in a writing, clearness is the best quality, and a little that is pure is worth more than much that is mixed. Teach me to see the local color without being blind to the inner light. Give me an ideal that will stand the strain of weaving into human stuff on the loom of the real. Keep me from caring more for books than for folks, for art than for life. Steady me to do my full stint of work as well as I can, and when that is done, stop me, pay me what wages Thou wilt, and help me to say, from a quiet heart, a grateful Amen."—Henry Van Dyke.

HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 364)

X. SELECTION OF FOODS

THROUGH some inadvertence, perhaps occasioned by the failure to state that the table headed "Composition of Some Common Foods" did not include the water and mineral matter that would have made the total per cent. of each material one hundred, "ounces" was substituted for "per cent." in the first table given on page 364 of the February magazine. The table is reprinted here, in the more complete form, that there may be no mistake.

PERCENTAGE COMPOSITION OF SOME COMMON FOODS.

	Water.	Proteid.	Fat.	Carbohydrate.	Ash.	Calories
Beef (loin)	60.6	18.5	20.2	...	1.	1190
Bread	35.	9.1	1.6	53.3	1.	1225
Potatoes, as purchased, refuse about twenty per cent.	62.6	1.8	.1	14.7	.8	310
Oatmeal	7.3	16.1	7.2	67.5	1.9	1860
Rice	12.3	8.	.3	79.	.4	1630
Milk	87.	3.3	4.	5.	.7	325
Sugar	...	...	...	100.	..	1860
Butter	11.	1.	85.	....	3.	3605

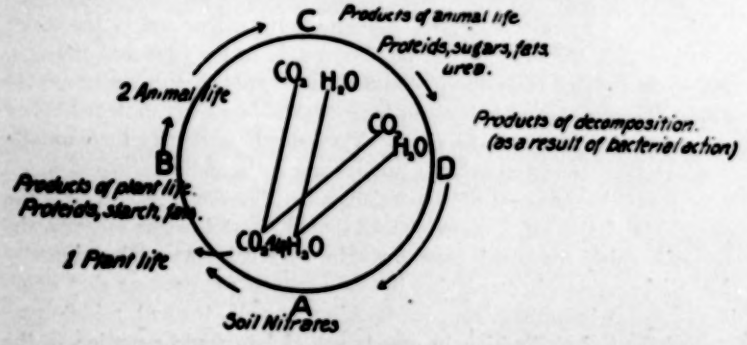
One of the questions that is coming to the front more and more often in discussions of food problems is that of the relative value of animal and vegetable foods. An increasing number of people are confining their diet largely, if not exclusively, to vegetable products and such animal substances, as milk and eggs, that do not imply the taking of life, while a smaller number exclude anything of animal origin. Is a mixed diet essential for health, or may we at will choose from the animal and vegetable kingdom?

Certain broad distinctions will immediately present themselves. As a rule animal foods are richer in nitrogenous matter, while vegetable foods are the chief source of carbohydrates. This becomes much more evident if we compare the two in a dry condition. Milk, for instance, makes a poor showing in proteid as compared with dried peas or even with rice; but if we take the total solids of the milk as a basis of comparison, eliminating its eighty-seven per cent. of water, the case is quite otherwise. This is the fairer method, for the dried peas and rice absorb

many times their weight of water in the process of cooking, so that the analysis of the raw material is quite different from that of the cooked food. Hutchison gives the following composition of a few typical dried foods:

100 parts of dried lean beef contain	89 parts of proteid
100 parts of dried fat beef contain	51 parts of proteid
100 parts of dried pea flour contain	27 parts of proteid
100 parts of dried wheat contain	16 parts of proteid
100 parts of dried rice contain	7 parts of proteid

Another difference between animal and vegetable food is found in their cost. Under most conditions animal food is much more expensive than vegetable. This is not difficult to understand when we remember that our animal food has been put through a further process of manufacture than the vegetable. If the grain raised, instead of going directly to man as food, is used to feed cattle, which in turn are slaughtered to furnish nourishment for human beings, the process necessarily adds to the cost of the food. This process, as well as the fact that plants are in general builders of material, while animals break down these complex compounds, is graphically shown by the accompanying diagram.



The same intermediate process which adds to the cost of food increases also its digestibility, so that we are not surprised to learn that vegetable proteid is less completely absorbed by the system than animal proteid. One reason for this lies in the fact that in the plant the proteid is enclosed within cellulose walls, and ordinary processes of cooking by no means free it.

In deciding from which kingdom we shall choose our diet we must consider almost wholly the proteid. The carbohydrates must necessarily be obtained chiefly from vegetable sources (sugar of milk being the

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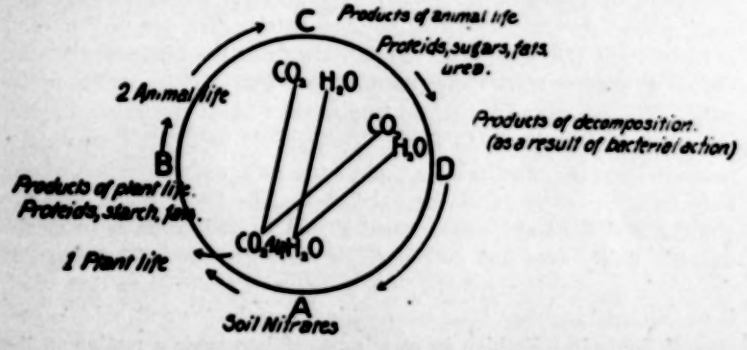

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In deciding from which kingdom we shall choose our diet we must consider almost wholly the proteid. The carbohydrates must necessarily be obtained chiefly from vegetable sources (sugar of milk being the

notable exception), and it seems to be a matter of indifference whether the fat of the diet is of animal or vegetable origin.

With the addition of milk, butter, cheese, and eggs it is not difficult, with care, to provide a satisfactory dietary without the use of meat. The case is different when vegetables form the only source of food supply. Because of the great excess of carbohydrates, and the presence of indigestible matter in the form of cellulose, a great bulk of food must be taken in order to get the necessary proteid. As a matter of fact, nearly all purely vegetarian diets are deficient in proteid. The extra cost of the animal proteid is justified by its availability, since it may be obtained without an excess of other substances, and since it is easily assimilated.

(To be continued.)

Some Opposite Remarks on Corsets.—Dr. W. E. Frothingill says in the *Medical Press and Circular* that the modern woman wears heavy skirts, the weight of which is supported by bands around her waist—that soft portion of the body which is protected by no body-walls. How is it possible to wear around this portion of the body bands which support the weight of numerous and often heavy garments? The answer is, by means of the corset. The garment forms a bridge connecting the firm chest-wall with the firm pelvis. The use of the corset is to transmit the pressure of the skirt-bands to the hips and the ribs, and so to protect from their pressure the organs in the region of the waist. The conclusion is that, so long as skirt-bands are fastened round the waist, corsets should be worn. They should be stiffer than usually made if they are effectively to protect the soft, middle portion of the body from the pressure of the waistband. The front should be quite straight, and the waist measurement should be at least as large as the wearer's waist, measured over a single, soft garment. The abuse of the article consists in employing it as a means of compressing that which it was meant to protect from compressing, namely, the soft, middle portion of the body. Fashion in corsets has of late made a motion in the right direction in the straight, stiff front.

The *Medical Record* makes the statement that a Dr. Maréchal, of Paris, is urging the passage of a law making the wearing of a corset by any woman under thirty years of age a penal offence. Apropos of this rather radical legislation, it is stated that a woman in Buffalo recently died through the penetration of her heart by a corset steel, and we have also been informed of a very serious X-ray burn resulting from the wearing of a corset during treatment. In spite of these occurrences, we imagine the corset will still remain in use.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON

THE PRACTICAL CARE OF THE BABY. By Theron Wendell Kilmer, M.D., associate professor of diseases of children in the New York School of Clinical Medicine; assistant physician to the Out-Patient Department of the Babies' Hospital, New York; attending physician to the Children's Department of the West Side German Dispensary, New York. 12mo. Pages xiv.–158, with sixty-eight illustrations. Extra cloth, one dollar, net, delivered. Philadelphia: F. A. Davis Company, 1914–16 Cherry Street, publishers.

Dr. Kilmer's book is eminently practical as well as thoroughly minute in its details. In his preface he asserts that the book is going to tell us everything we ought to know how to do in connection with the care of the baby, and also how to *do* everything, and he keeps his word to the letter. If sometimes the reader takes a different view from the author, he would, we think, tell us that the book was not written for those who know all about the subject, but for those who, confessing their ignorance, are willing to learn. Some, for instance, would not put a second flannel garment over baby's pinning blanket in dressing a new-born infant. The pinning-blanket is usually discarded when the baby is promoted to a flannel petticoat. Then as to cotton diaper being used for any other than purposes of economy. The general opinion will be, probably, that even the motive of economy is hardly an excuse for cotton diaper napkins, because linen will serve a whole family, one baby after another, growing nicer as it grows older, and in the end costing far less than the cotton diaper, which wears out in six months and looks badly long before it is worn out. Leaving a young baby in a bran-bath from ten to twenty minutes seems rather overdoing it, though we have known a year-old baby to spend nearly an hour in the tub, from which he had gradually eliminated the bath-water by splashing. The practice is not recommended, however. The chapters on observation—of weight, growth, development, dentition, sleep, feeding, etc.—embrace very valuable teaching to young or inexperienced mothers; and the nurse, who must have a ready answer to her patients' questions, cannot do better than give it her careful consideration. There are many hints for the thoughtful reader. Almost a third of the book is devoted to the baby's feeding, with general directions for diet up to the sixth year, and most particular direction for artificial, or bottle, feeding where necessary during the first year.

The formulæ given are from Dr. Emmet Holt's book, "The Care and Feeding of Children;" these, with the added directions for modification, Pasteurization, and sterilization of the food, with complete list of necessary utensils for preparing and storing the day's food, make a very simple matter of what is often looked upon as a problem only to be solved by getting baby's food each day from some specialty bureau or laboratory.

The book closes with a little review of the various emergencies which a

mother or a nurse may have to handle in the absence of the doctor or while waiting his coming—convulsions, accidents, foreign bodies in eye, ear, or nose, etc.; also the list of eruptive diseases common in childhood, with the significant symptoms, time of duration, etc. There is a "pretty wit," a gift for seeing the funny or ridiculous in the tragedies that sometimes grow out of little things in life, that adds greatly to the pleasure of reading the book, and you cannot read it without profit.

PLAIN HINTS FOR BUSY MOTHERS. By Miss Marianna Wheeler, superintendent of the Babies' Hospital, New York; graduate of the New York Hospital and Sloane Maternity Hospital, and author of "The Baby." E. B. Treat & Co., New York, publishers.

Miss Wheeler gives us a very practical little hand-book—or, rather, hand-booklet, for it is less than fifty pages—full of excellent advice, which any one is free to profit by, although the book was written especially for mothers of limited means and more limited time, who must be cook, housekeeper, and general manager of the small income as well as special nurse to baby. It commends itself to friendly or district visitors and to district nurses. Common-sense is the key-note, and when we begin to think how often this ingredient is left out of books supposedly helpful to people who *must* make the most of every minute and of every cent, and who want to keep a cheerful home and healthy children, we appreciate the value of Miss Wheeler's advice.

Her "foreword" says: "Cleanliness is next to godliness, and if the mother only realized what a large part cleanliness played in the health of her child, she would think the small amount of labor it requires well worth the while." Then follow brief but plain directions for the bathing, feeding, clothing, and care of the baby. Everything is done at the very smallest expense possible, and the limitations to the baby's wardrobe are almost comical. The shirt, ready-made at twenty cents in the store, is to be made at home much more economically, etc. "In homes where the salary or wages of the head of the house is extremely small, and the family demands many, conveniences, not to say necessities, have often to be done without, but with the baby much can be done with very little expense."

GYNÆCOLOGICAL NURSING. By Netta Stewart, sister of the extra-mural gynæcological wards of the Royal Infirmary, Edinburgh. Oliver & Boyd, publishers. Edinburgh.

From the mother country comes a book on gynæcological nursing, the result of ten years' experience as head nurse in the gynæcological wards of the Edinburgh Royal Infirmary, and while it has some features which take from its value, it comes as a much-needed addition to the list of nurses' text-books. Except for a single chapter in various "Handbooks of Nursing," as, for instance, Chapter XVI. in "Hampton," we are not supplied with text-books on this special branch of nursing. The drawbacks of the book are due to its local features, names, etc. We dimly conjecture that "batiste" and "jaconet" answer to our oil-silk or rubber tissue; we recognize "wool" to be absorbent cotton, and "lotions" to be solutions as we know them. The cantharides blister, size a half-crown, would induce a mental demoralization similar to that which the problem, "How old is Ann?" cast over our land. These, with occasional pit-

falls due to our ignorance of the British "Pharmacopœia," keep us constantly in mind of the foreign origin of the book. Technically and practically, the teaching is the same as we are accustomed to. A review of Cooke's "Nurses' Handbook of Obstetrics," published in the issue of *Hospital* of December 26, 1903, gave the impression that English nurses did not use the hypodermic syringe; but evidently a misunderstanding exists, for Miss Stewart on various occasions cautions the nurse to have her hypodermic charged, now with ether, or again with strychnia, to be ready for the order when it comes. In one instance she writes as follows: "Under strict orders from the surgeon, rectal feeding, the administration of stimulants by the rectum, the use of hypodermic injections of drugs, like strychnine, etc., to stimulate the heart, of antistreptococcii serum to kill off as many of the organisms as possible, and possibly, also, when all hope is gone, the use of morphia, form the substance of the unsuccessful treatment of septic peritonitis."

From Johns Hopkins Hospital Alumnæ Magazine:

"The usefulness of the district nurse seems limitless when we consider that she has even been called on to look for a 'lost dog' in a rough court because it was unsafe for a policeman to enter unattended by another."—*Washington District Nurse.*

"Those of us who believe in the usefulness of the visiting nurse in the prevention of disease will find further support for such a belief in the help which nurses were able to give recently in tracing the source of infection in eighteen cases of typhoid fever. As no two of these patients were attended by the same physician, it is possible that the cause of the illness might not have been discovered without the inquiries of the nurses, and it seems probable that the prevention of a further spread of the disease was due largely to their efforts. The infection was traced to the uncleanly and unsanitary surroundings of a dairy supplying milk to the establishment in which these young women were employed. As soon as the matter was reported to the Health Department an investigation was made, and in consequence the dairy was closed and the factory put in good sanitary condition."—*Baltimore District Nurse.*

"It is almost, if not quite, impossible to make a number of children coming from an institution assimilate with others, even in the public schools. They will naturally flock together and the other children will dub them 'Home Children,' and the name will be constantly cast up as a reproach. One of the best ways to obviate this is to scatter the children. Find real homes for them in families, and have them go to school then as the child of the family."—*Child Saving in Baltimore.*

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

Carbolic Acid in Smallpox.—The *New York and Philadelphia Medical Journal* has a synopsis of an article in the *Lancet* on this subject as follows: "Neech and Hodgson report the results of the further use of their method of treatment of smallpox by applications of pure carbolic acid. The pure liquid acid is applied with a small camel's-hair brush each day to the vesicle over a certain area of the body, commencing with the face. The applications are continued until the vesicles dry up. One hundred and thirty-six cases were treated. Of these, thirty-five were unvaccinated and four died—a mortality of 11.4 per cent.; one hundred and one were vaccinated, of whom one died—a mortality of 0.99 per cent. Carboluria was noted in only two cases. The acid caused no pain and completely relieved the itching. Ulceration in the pustular stage was prevented, and the tendency to scar formation was greatly lessened. The offensive odor was done away with, the fever range was lowered, and the risk of infection by aerial connection greatly lessened. Complications were entirely absent, and the patients were discharged with safety a week or two weeks before the usual time."

Method of Examining Stools for Gallstones and Other Solid Bodies.—Dr. Howard Lilienthal recommends the following method in the *Medical Record:* "Take a loop of telegraph wire a few inches greater in diameter than the entire top of the closet seat, and fasten to this a bag of at least two thicknesses of dressing-gauze or mosquito-netting. The bag may be sewn to the wire or simply held by safety-pins, but it should be made very full, so that when the hoop is in place the wire shall be well below the level of the seat and out of the way, while the bag shall hang down into the water at the bottom of the bowl. If the patient is not confined to bed, he defecates into the closet, and then simply opens the water-valve often enough to wash away all soluble and amorphous matter, while solid bodies will be left in the bag. If the patient is confined to bed, the stool must, of course, be carried to the closet. It is best not to put paper in with the stool. In rural districts where there may be no plumbing the same procedure may be followed, except that the water must be carried to the privy and poured through by hand."

Oxygen in Vomiting.—It is stated in *Treatment* that in the various forms of persistent vomiting, functional, reflex, and organic, no other means has proved as uniformly effectual as inhalation of oxygen. It is perfectly harmless under all conditions, requires no effort on the part of the patient, and involves no suffering nor after-effects of a disagreeable character. Being administered by the lungs, it not only acts independently of vomiting, which may continue for a time, but is peculiarly serviceable in such cases as these of gastric neurosis, irritability, inflammation, or ulcer, in which it is undesirable or useless to intro-

duce anything into the stomach, or after laparotomy, when, in addition to this, retching is particularly obnoxious.

A NEW FEMALE URINAL.—Dr. Frederick Grosse describes in the *Medical Record* a urinal which he had made for a patient to whom the ordinary kinds were useless. He also recommends it for use during menstruation. He says: "I devised an apparatus which, on being inserted into the vagina, could drain

away the fluids without touching even the labia. This apparatus consisted of an annular brim of a watch-spring, about one and one-half inches in diameter, covered with rubber dam, and attached to it a small bag of the same soft material, the tapered end of which was fastened to a hard-rubber piece which allowed a rubber pipe to be drawn over it, to lead off the discharges into a vessel below the bed. The apparatus was easy to introduce, caused no complaints whatever, and worked excellently, so that the patient lay absolutely dry, and could be kept clean. The insertion is done by the woman herself introducing the ring about three inches into the vagina. A slight traction with the bag in an angle of forty-five degrees will bring it behind the hymenial ring, where a slight resistance will give the signal to stop, and the instrument will rest safely. A little stronger traction in different directions will remove it without difficulty.

SEASICKNESS.—Sheimerdine in a paper in *American Medicine* says: "Most cases of seasickness may be prevented. Treatment should start ten days before sailing. Podophyllin, three milligrammes (one-twentieth grain) four times daily. Third, sixth, and the day before sailing give calomel, 0.13 grammes (two grains) in divided doses. The night before sailing a bottle of magnesium citrate should be given. Five days before sailing give sodium bromide, 0.32 grammes (five grains) twice daily and continue this until the patient has acquired 'sea-legs.' On board ship great care must be taken to keep the bowels in a loose condition until all danger of nausea has passed away. According to the individual, the doses may have to be increased or diminished. The main object is to cleanse the bowels thoroughly and thus get rid of as much bile as possible. In many cases this treatment will prevent seasickness, and if a person becomes sick who has followed this method, he will have a very light attack and will not suffer so much as he would have suffered had he gone abroad without having had a good cleaning out."

DIRECTION OF COUGH.—The *New York and Philadelphia Medical Journal* in a synopsis of an article in a Spanish contemporary says: "Malo sounds a note of warning against unnecessary coughing—that is, coughing which has not the expulsion of sputum for its object. In his opinion, excoriation of the laryngeal epithelium, and especially of that covering the vocal cords, is the too frequent result of coughing, the surfaces being robbed of the protection of their investing epithelium and laid bare to the inoculation *in situ* of pathogenic organisms contained in the sputum. He believes, therefore, that the patient should be instructed to cultivate that self-control necessary to the repression of excessive and violent coughing; and the danger of infection of the respiratory and alimentary tract through the swallowing of sputum should also be pointed out. The author gives specific directions as to the expulsion of sputum with a minimum of exertion to the patient and of danger to those surrounding him, and emphasizes the necessity for the observance of the generally recognized precautions against transmission of infection through the sputum."

RADIUM IN MEDICINE.—Dr. Samuel G. Tracy in an article in the *New York and Philadelphia Medical Journal* on the therapeutical possibilities of radium speaks of the new physical property of radium, the phenomenon of induced radio-activity. He found that normal salt solution was a good medium for the manifestation of this phenomenon. Into a bottle containing the solution he inserted two hermetically sealed tubes of radium bromide. These remained in the solution twenty-four hours and were then removed. Photographs of various objects were taken by means of half-an-ounce of this radio-active saline solution. As the emanations from radium destroy germs and check fermentation, this "radium fluid" may be used for the same purpose. Dr. Tracy thinks there is reasonable ground for hope that it may be administered internally and the fight against bacterial diseases be waged directly in the tissues affected through the agency of the blood and lymph circulation and the various internal secretions. It may strike at the root of the disease in typhoid, diphtheria, tuberculosis, and other infectious diseases; also in fermentative gastro-intestinal indigestion and malignant disease of the stomach and intestine. The radium fluid can be used on compresses in surgical dressings and as a spray in catarrhal affections of nose, throat, and lungs. The radio-activity may be intensified by exposing the patient to the ultra violet rays and by administering quinine.

HOSPITAL AND TRAINING-SCHOOL ITEMS

HOSPITALS

JOHNS HOPKINS'S LOSS

BUILDINGS WORTH ONE MILLION THREE HUNDRED THOUSAND DOLLARS IN HOSPITAL ENDOWMENT.

One of the results of the Baltimore disaster has been the serious crippling of the work of the Johns Hopkins Hospital, whose income was largely derived from the rent of buildings which it owned in the burned district. Sixty-eight warehouses, widely scattered, belonging to the hospital have been destroyed and the hospital has lost the income from them for possibly two years.

The hospital property destroyed aggregates nearly one million three hundred thousand dollars. Owing to the complete destruction of the general office of the hospital, on Holliday Street, it is impossible to estimate how much insurance may be recovered.

The money derived from the rental of these buildings, which is estimated at one hundred thousand dollars a year, was devoted to the free work of the hospital, with about thirty-five thousand dollars derived from the rental of other property in control of the trustees.

Under these circumstances it is evident that the free work of the hospital must be severely affected. This, of course, carries with it the cutting down of the chemical facilities of the medical school, which have hitherto been a unique feature of an institution which has done much to revolutionize medical education in America.

Unless a large sum can be acquired for the support of its free wards, the work of the hospital and medical school must be greatly cut down.

The buildings occupied by the hospital for the care of patients were a long distance from the fire and are uninjured. Only the endowment has suffered, and the reduction of regular funds must curtail the work in many departments unless some means can be devised to make up the loss of income for at least two years. It is hoped by the trustees of the institution that philanthropists and public benefactors throughout the country will contribute to an emergency fund to tide over this period.

The property owned by the institution that was destroyed was as follows:

West Baltimore Street—10, 12, 100, 102, 104, 106.
South Calvert Street—116, 118.
Commerce Street—107, 109, 111, 119.
Large warehouse in Exchange Alley.
South Frederick Street—110, 111, 113, 115, 117.
Commercial building on Gay Street.
Grant Street—10.
Hanover Street—13, 15, 21.
Rialto Building, 23 South Holliday Street.
Hollingsworth Street—107.

Light Street—31, 33, 35, 111, 113, 115, 117, 119, 121, 123, 125.
East Lombard Street—102, 104, 115, 117, 301, 303, 305, 307, 401, 502, 504, 506, 508, 510, 512, 509, 511, 513, 515, 600, 602, 604, 606, 608.
East Pratt Street—100, 102, 104, 106, 108, 406.
South Street—30, 36, 114.

MANY improvements have been made during the past year in the Brokaw Hospital, Bloomington, Ill. The operating-room and Nurses' Home have been renovated, the grounds put in excellent order, and the work of the past year shows an increase of fifty per cent. Mr. Brokaw has given the hospital forty thousand dollars as an endowment fund. The Training-School, under the supervision of Miss Flate, will include district nursing as an additional branch of instruction in the coming year.

SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

MISS HELEN WELLS, of Saginaw, Mich., has presented the General Hospital with a gift of thirty thousand dollars for the purpose of erecting a building for the care of consumptives to be erected on the grounds of the hospital. The building is given as a memorial to her father and mother. The Saginaw General Hospital made a beginning in 1867 with sixteen beds, has now accommodation for forty patients, and after the completion of the new wards will have a capacity of sixty beds. Miss Annie M. Coleman, the superintendent, is taking the course in Hospital Economics at Teachers College, New York, and will return to her position upon the completion of the course. She attended the Tuberculosis Exposition recently held in Baltimore in the interest of the Saginaw Hospital. This hospital has also received a gift of seven thousand five hundred dollars from Mr. and Mrs. Charles E. Davis for the purpose of a nurses' home.

JOSEPH O. NICHOLS, eighty years old, of 339 Washington Street, Newark, N. J., gave to the city recently a check for twenty-four thousand dollars, the residue of the estate of his cousin, Joseph Nichols, who died twenty years ago and left a will providing that the amount be turned over to the body controlling the City Hospital. Mr. Nichols, when he called at the Mayor's office, said that in giving the check he performed his last obligation as executor.

TRAINING-SCHOOL NOTES

THREE Greek maidens, two sent by the Crown Princess Sophia and one here by her own endeavor, arrived recently on the Cunarder Aurania, and for four years will devote their time to advanced study as nurses. Two are sturdy descendants of the heroes that held the pass at Thermopylæ, and the third, though a Greek, was born and lives in Turkish territory. On their arrival they went direct to the Greek hotel in Forty-second Street, and from there they went to Boston, two to begin their studies in the Baptist Hospital there, and one at the Massachusetts General Hospital.

Matilda Devrishegion is a native of Brousa, Turkey, and last year was graduated from the American College at Smyrna. The maids of Princess Sophia are Miss Andro Meiko Kalaphati, the daughter of a Greek merchant, and Miss

Hiphthora Patalon, the daughter of a teacher on the island of Kithera. They were graduated from the St. Sophia Children's Hospital, founded three years ago by the Crown Princess.

In the latter part of October, 1903, the officers and head nurses of the Metropolitan Training-School, Blackwell's Island, formed a club for obtaining general information on nursing subjects and current events. The members of the Metropolitan Question Club meet every week, and once a month the evening is devoted to some social function. In one instance a farewell reception was given to the outgoing staff, another evening found the club and many of its professional friends at an exhibition of radium at the Museum of Natural History. The Metropolitan Hospital having an X-ray room, a very interesting evening was spent there. The business meetings have been of the greatest benefit to the nurses, as in many instances when certain subjects were presented they would be discussed from the various points of view before a decision had been reached.

Through the munificent gift of Mrs. William K. Vanderbilt visiting nursing is about to be established in connection with the Training-School of the Presbyterian Hospital of New York City. The nursing will be carried on in the ambulance district of the hospital, and in connection with the dispensary and accident ward services. Five pupil nurses will be sent out under the direction of a graduate, whose duty it will be to give instruction in home methods of caring for the sick poor. Daily reports of the condition under which the patients live, of the instruction given for hygienic improvement, etc., will be returned to the hospital. One nurse will be detailed to aid in carrying on the work among the tubercular patients of the Vanderbilt Clinic. Arrangements will also be made for the nurses to provide proper nourishment for these patients.

Miss Francine Freese, of Ithaca, Cayuga County, N. Y., has been made superintendent of nurses at the Cumberland Hospital, Cumberland, Md., a general hospital of sixty beds and twelve nurses. Miss Freese was graduated from the Johns Hopkins Training-School in 1901 and has since been successively head nurse, supervisor, night superintendent, and assistant day superintendent at her alma mater. She takes with her the congratulations and good wishes of all with whom she has ever been associated. The Johns Hopkins Class of 1901 comprised only eighteen members, and of these Miss Freese is the second to attain the headship of a training-school, the first being Miss Etha Butcher, of Chandlerville, Ill., in charge of the Hoyt Memorial Hospital at Shansi, India.

The senior class of the Presbyterian Hospital, New York City, has just completed a course of five lessons in "Parliamentary Procedure." These lessons, which are purely practical, were conducted by Miss Adele M. Field, of The League for Political Education. They are highly instructive and interesting, and the class upon graduation will be ably fitted for its alumnæ duties. A course of training in reading aloud, under Miss Mary S. Thompson, director of the Bell School of Speech, has been added to the curriculum.

Miss Mary Hyde, of the Class of 1899 of the Toronto General Hospital, is now superintendent of the General Hospital, Dauphin, N. W. T. Miss Hyde writes that everything is quite up to date in this hospital, and that a maternity and infectious cottage will be built in the near future. They have a great deal of

surgical work, a training-school having a three-years' course, electric light, and telephone service, and the hospital is nice and cosey, notwithstanding an outside temperature of 40° below zero.

Miss Katherine Fitch, of Ohio, Johns Hopkins Training-School, Class of 1899, has become superintendent of nurses at the Fabiola Hospital, San Francisco, Cal., a general hospital of one hundred beds with thirty nurses and a three-years' course. Miss Fitch, since her graduation, has been successively head nurse of a woman's ward and head nurse in the gynæcological operating-room at the Johns Hopkins Hospital, and assistant superintendent of nurses at the hospital in Salt Lake City, Utah.

Miss Nancy E. Cadmus has resigned as superintendent of the Faxton Hospital, in Utica, N. Y., to accept a similar position at the S. R. Smith Infirmary, Staten Island, succeeding Miss Alice I. Twitchell, resigned. Miss Cadmus is a graduate of the Presbyterian Hospital, New York, holding a number of subordinate executive positions in that hospital before going to Utica four years ago. Under her able management the Faxton Hospital has reached a high standard of excellence.

Miss Frances A. Stowe has resigned her position as assistant superintendent of the Training-School of the Presbyterian Hospital, New York, to take charge of the new private hospital at Cory Hill, Brookline, Mass. Miss Stowe is a graduate of the Presbyterian School, and has been Miss Maxwell's assistant for four years.

Mrs. J. B. Christie has succeeded Miss Stowe as assistant superintendent of the Training-School of the Presbyterian Hospital. Mrs. Christie is a graduate of the school and has held several important subordinate positions in the hospital since her graduation.

The General Hospital, Stratford, Mass., just completed a residence for nurses, which was presented by Mr. Ballentyne as a memorial to his late wife. The residence was opened with appropriate ceremonies on January 6, 1904.

Miss Margaret Wood, a graduate of Toronto General Hospital, of the Class of 1903, has been appointed night superintendent of the Delaware Hospital, Wilmington, Del. Her duties will commence March 1.

Miss Ruth Adamson, of Sweden, graduate of the Johns Hopkins Training-School, Class of 1902, has taken permanent charge of the new Emergency Hospital of Annapolis, Md.

Miss Virginia Rice, Johns Hopkins Training-School, Class of 1899, has taken charge of the Children's Hospital of Los Angeles, California.

PERSONAL

Miss A. B. Hill, who graduated from the New York Hospital in 1895, and Miss A. E. Holmes, Class of 1896, who have been nursing in the English army in South Africa, though English, were called "the two American Sisters," and are

quite proud of the title and of their American training. The medical officers were always saying "The Americans do the best work in camp." Miss Hill has received by letter the thanks of the Commander-in-Chief—Lord Kitchener—for her service, which had been brought to his notice. The same honor awaits Miss Holmes upon her return. These nurses are the two chosen for this honor by the principal medical officer. Miss Hill is now at her home in England, and Miss Holmes expects soon to return to America.

Miss Marguerite Clendenning, of the Class of 1900 of the Toronto General Hospital, who has held the position of superintendent of the City Hospital, Vancouver, B. C., for the last six years, resigned, and was married early in January to Dr. Hart, of Vancouver. Miss Isabel Turner, a graduate of the same school, of the Class of 1892, has been appointed to succeed Miss Clendenning, and Miss Anna Booth, Class of 1894, and Nellie McDonald, Class of 1892, have received appointments as head nurses in the City Hospital, Vancouver, B. C.

Miss Mary A. Fisher resigned as superintendent of the Pottstown (Pa.) Hospital and is succeeded by Miss Marie Rund, of Philadelphia, who is about finishing her course as student and will graduate in June. Miss Fisher has gone to Reading, where she will remain a short time previous to going South. Miss Fisher is a graduate of the Hospital of the University of Pennsylvania Training-School for Nurses, Class of 1889.

Miss Rhoda Packard, of Providence, R. I., Johns Hopkins, Class of 1901, has been obliged by ill-health to give up her district nursing at the Sea and Land House, New York City, and remain quietly at home for some time. Miss Packard has done this arduous work ever since her graduation and is deeply interested in it. All who know her wish her a quick return to health and activity.

Miss Jennie Halliday, graduate General Hospital, Toronto, of the Class of 1893, has returned from Los Angeles, Cal., where she has been resident for many years, and is established in London, Ont., as a masseuse, having recently taken a post-graduate course in this work at Dr. Weir Mitchell's, Philadelphia.

Miss Jane Sylvester, of Maryland, Johns Hopkins, Class of 1897, who has been doing both institutional and private nursing for the past seven years, has opened a sanitarium of her own in Washington, D. C., with every prospect of success in her new line of work.

Miss M. G. O'Brien, Johns Hopkins, Class of 1897, who has been for two years the Baltimore agent of the Thomas Wilson Children's Sanitarium at Mt. Wilson, Md., has resigned. Miss Gertrude Miller, Class of 1900, has taken her place.

Miss Hattie A. Bunnell, who has been superintendent of the Herkimer (N. Y.) Emergency Hospital since its opening, has resigned. Her successor is Miss Clara J. Hurd, of Norway, who has been the assistant superintendent.

Miss Snively has been asked to read a paper at the Berlin (Germany) Conference, June 12, 1904, on the subject, "A Proper Basis for Registration as Regards Education, etc., for Nurses in Canada."

Miss Annan Winn, Johns Hopkins, Class of 1897, after seven years of hospital and private work in Baltimore, has begun private nursing in New York City.

Miss Jessie Green, Toronto General Hospital, of the Class of 1893, has gone to Montreal to do nursing in connection with the Victorian Order as district nurse.

Miss Alma Brown, graduate Toronto General Hospital, is at present nursing in the Sanitarium in Grand Rapids, Mich.

Stomach Lavage without the Tube.—N. R. Gordon says in the *Alkaloidal Clinic* that in catarrh of the stomach and in nearly all forms of dyspepsia, especially the atonic variety connected with dilatation, washing out the stomach is the most valuable treatment that can be used. Most forms of gastric indigestion are accompanied by dilatation of the stomach to a greater or less degree. The greater curve of the stomach is increased, forming a bag, which serves as a receptacle for the prolonged retention of a portion of its contents. The downward extension of the stomach is frequently increased from ten to twelve inches over the normal. Thus the stomach is not able to expel through the pylorus all of its contents without some artificial assistance. There is a continual residue of stomach contents, consisting of food and secretions, which remain to ferment and contaminate the fresh supply of ingesta. The writer gives the following method for washing out the stomach: Soon after rising in the morning the patient should sip a pint of warm water containing a little salt; he should then lie down on the back and turn from one side to the other rapidly from ten to fifteen times; then turn on the left side and draw up the knees slightly; then make a voluntary contraction of the diaphragm and recti muscles. Repeat this from ten to fifteen times with a few minutes' rest between every three or four contractions. Then turn to the right side, repeating the same operation. Rest on the right side from forty to sixty minutes, giving time for the entire stomach contents to pass out through the pylorus into the duodenum. Many cases of dyspepsia can be cured by this process. The diet must be simple, and the patient should never eat until he is hungry.

Hyperpyrexia in Measles.—E. Barnes reports in the *British Medical Journal* a recent epidemic of measles in which he treated about fifty cases. Four of these died, all from hyperpyrexia. They all had lung complications. The temperature in each of three cases reached about 108° F. In the fourth case it ran up to 111° F. This temperature was confirmed by three thermometers. The treatment adopted was the application of cold to the body, tepid baths with ice added, and ice to the head. No effect was seen on the temperature.

THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston

HAS FICTION A USE IN THE WORLD OF LITERATURE?

Has fiction a use in the world of literature? This question is answered by many with a decided negative, by others with a faltering and more or less qualified affirmative.

It is hard for us to throw off the shackles of Puritan tradition and boldly assert that what is usually called light reading may be of absolute value to us. But let us look into this matter a little deeper.

In no department of literature may greater beauty of style be found than in fiction, and this is of primary importance. Take Hawthorne's novels and dwell on their purity and clearness. Never was more elegant English written than in those masterpieces, or in Irving's incomparable sketches.

Fiction is a wonderful vehicle, too, for imparting valuable information. Many a one who would shrink from pure history is an untiring devourer of the historical novel, and were all heavier tomes burned, the Henri Quatre of Dumas and the Louis XI. of Scott would serve to immortalize the characters of these so widely differing Kings of France.

Facts are too often embalmed in the pages of the historian, while they live in those of the novelist. Could every historian write as did Parkman and Motley, we need not seek the pages of "Marguerite de Valois" or "Quentin Durward," but few ever attain to the masterly style which makes the works of our two great American historians glow with the touch of an enchanter's wand. Dumas and Scott have taught more history than Freeman and Hume ever wrote.

Instead of thinking that such a king was born at a certain date or died after so many events, we see the heroic figures which the pens of the great fiction writers have drawn for us, and this is really history—that the men, women, and events of the past should live in our minds.

"True," some may say, "history is a good thing, even though so unexactly drawn, but what about the books of pure fancy?"

If a book of pure fancy could be written, it might be a joy, but it would hardly be possible to write anything in which facts did not play a certain part. They are everywhere, and we can never escape them.

But dealing with fancy, what could be lovelier and better for us than works of imagination? Beginning with the fairy stories that delighted our childhood, let us own that to wander in those enchanted fields is a priceless boon for our little ones. They live in a world of their own, from which they emerge all too soon, and this world is peopled largely with the personages of the good old fairy-tales.

As we grow older and our imagination is harder to awaken, we depend on stronger books in which more facts find their way, but I am sure none of us would ever lose our grasp of the dear fairies. Their silver wings still flit before

us when we can spare time to follow them, and the glamour of fairy-land is not quite lost.

In our work-a-day world we are prone to become too serious and to verge towards a Gradgrind view of things. We are so critical, so exact, and so fearfully improving that we forget to imagine—to make-believe, as the children say.

We need this very element, and blessed be the book that supplies it. As to the novel proper, it is often a view of the great world, of different aspects of society, and it is the fashion to criticise these books for being unreal and false.

It is really astonishing what valuable things may be picked up from rather second-rate books sometimes. The writer remembers well in her girlhood conversing at an evening party most fluently on some of the modern French portrait painters, and when an astonished friend asked her where she ever heard of Carolus Duran, replying with great glee that she had read about him in some books of Ouida's!

But the great novelists do not confine themselves to the plot alone, but attain their greatest triumphs in the delineation of character. Here, too, the Gradgrinds cry: "Where did they ever find such people? *I* never saw any." No writer was more given to exaggeration in character drawing than Dickens, and how often do we hear people say, "Only Dickens could have done justice to such and such a person of my acquaintance"?

Another interesting point about fiction is its presentation of different views of life. It is certainly fascinating to get another thought about the situation we all know so well. The rubbing of one mind against another is a fine polish for many a rugged, stony opinion.

But under all this and over all this is the one thing which to the writer's mind lifts fiction-writing to the height of an art, and that is the sympathy and fellow-feeling it awakens in the mind of the reader. Beyond our little world, our round of petty cares, is the great world of life, with its millions of living, breathing, loving, suffering, and dying human creatures, our brothers and sisters, beings of like passions with ourselves.

We know they exist, we know they joy and grieve, we know they strive and conquer, we know they live and die. We know it, but do we realise it? Not much, unless when Baltimore burns or Japan goes to war. But in the mimic page we see them and feel for them—for their daily toil and struggles, their gains and losses.

They are real to us then, and truly they *are* real, for they represent some of the innumerable phases of this wonderful life of ours. "They are *not* real," you cry; "these things never happened." Perhaps not, but they might have happened, and that is the same thing. It is good for us to shiver with their cold, to burn with their passions, to feel for them—that is the point, to stop fretting over ourselves and to feel for others. There are people of such vivid sympathies that they can sit in a comfortable rocking-chair and weep over the famine babies in India which they read about in the newspaper, and send them a check afterwards, but most of us have been more moved by the death of Paul Dombey or of Little Nell. The reason that these so-called unreal things appeal to us more than journalistic facts is because they are told with more art and appeal more to our imagination. When we read about pathetic facts we try to persuade ourselves that they are not true, but when we read pathetic fiction we feel the truth to the bottom of our hearts and want to help those unfortunate ones.

There is nothing in fiction which may not be equalled and is usually excelled

in the world of facts. We know so little of what goes on in the world that it takes the pen of the poet or the fancy of the novelist to point it out to us.

We all know that love is God's greatest gift to man. To awaken love and sympathy for others is a noble task, and this the writer of fiction may do for us. Let us, then, get all we can from the pages of genius or even from the books of those who can only boast of perception and cleverness, remembering that though we can never, in our little lives, see but a very small part of the world and its creatures with our bodily eyes, with the eye of imagination we can see the whole vast universe.

This can never be true for the Gradgrinds of life, but to the lucky possessor of imagination and sympathy it is a reality of the deepest and truest kind.

S. M. D.

Boston, Mass.—The January meeting of the St. Barnabas Guild was held on Wednesday evening, January 27, at eight o'clock, at St. Andrew's Parish-House. A resolution was passed at the business meeting in regard to sending out postal cards to all the nurses belonging to the guild, these cards to be printed with blank spaces, which could be filled out with the name of a sick nurse. The card could then be easily sent to the Visiting Committee, and then the sick nurse would be visited. Three new nurses were admitted to the guild, Miss Carolyn Wheeler, Miss Annie B. Rose, and Miss Jamieson, and two new nurses, Miss Edna Richer, of the Children's General Hospital, and Miss Sadie Nelson, of the Queen Victoria Hospital, London, were proposed for membership; also the name of Mrs. Herbert Windeler was proposed as an associate member. The text for the sermon, which was delivered by the Rev. Mr. Prescott, was from Matthew x., "Thou shalt worship the Lord, and Him only shalt thou serve." Mr. Prescott dwelt upon the fact that worship was necessary in order to preserve the reality and depth of our religious life. Real worship consists in a conscious expression of the presence and existence of God. He also spoke of the necessity of never lowering one's standard, and of not being diverted, even by intellectual pursuits, from walking in the way which God has shown us. After the service a particularly pleasant hour was passed in the parish-room. The Rev. Mr. Kidner gave a most delightful account of an illness which he had had while in England last summer. The illness was, of course, to be deeply deplored, but the members of the guild were the richer for a most amusing account of gentle masterfulness of an English nurse, some kindly fun about the profession generally, and then, finally, Mr. Kidner gave a most interesting account of the homes which the English nurses establish after leaving the hospital. They are presided over by a matron, often the mother of one of the nurses, who is always there to welcome back the tired and returning nurse and to speed the fresh and departing sister. This homelike atmosphere seems certainly more attractive than the lonely room in a boarding-house, which is often all that awaits the American nurse as she returns from a hard case. One feels that a suggestion of this kind is worthy of the thought of our guild.

Orange, N. J.—The social event of the month of January was the reception given by Miss Margaret Pierson at her residence on Hillyer Street, where we had the honor of meeting Bishop and Mrs. Lines. A large gathering of members attended during the afternoon and enjoyed a very pleasant social time. The sewing-meeting secured but a small attendance, owing to the prevalence of severe

sickness, but a spirited effort was made by the nurses to respond to the very cordial invitation, issued for a second time from the parish of Christ Church, Bloomfield, and those who attended the meeting there on January 28 were well repaid by the warm welcome and hearty reception accorded them. The rector, Rev. E. White, made the address. There were no new members received, but during the business meeting it was announced that the bishop, Dr. Linea, would become a member of our branch, as well as the Rev. Claudius Roome, a hitherto stray member of the guild, now rector of St. John's, Montclair. A letter of New Year's greeting was read from Miss L. Gallian, now residing with Miss Kapp at Seattle. News has been received of the birth of a son to Mrs. Claude Stratton, now residing in Sullivan, Ind., but still a member of our branch. Miss Corinne Hayward, also a member, has lately married, and will live South. Miss A. Knapp is recovering from a serious indisposition which kept her for some time in St. Barnabas Hospital.

NEWPORT, R. I.—The regular monthly meeting of the Guild of St. Barnabas for Nurses in Newport, R. I., was held at St. George's Church on the afternoon of December 10, 1903. At the business meeting which followed the service the report of the delegate to the General Council at Hartford was read, and one nurse, Miss Jennie Bull, was elected an active member of the guild. Rev. Mr. Beattie, rector of St. John's Church, read a pleasing account of his recent trip abroad. December 30, through the efforts of several associates, a Christmas party was enjoyed by the members of the guild, each nurse receiving a pretty gift from the tree. The January meeting of the guild was held in Kay Chapel on the evening of the fourteenth, and was one of the most successful meetings in the history of the guild. In the social hour after the service and business an entertaining game was played,—a fishing game,—and every one received souvenirs of the evening. One nurse was received into the guild. Thus, slowly but steadily, are we increasing in numbers and in works.

A HOME-MADE STERILIZER.—Stewart in the *Medical News* suggests the use of an ordinary wash boiler. Through the flange of the boiler-cover holes are punched, passing a string through each. To sterilize heavy bed-linen, sheets, etc., make a criss-cross network over the fabrics after packing the cover in the inverted position; put the instruments in the boiler itself, covering with about six inches of water, and add one heaping tablespoonful of washing soda, put on the cover, place the whole on a stove, and boil hard for ten minutes. Then let the apparatus cool. There is a distinct advantage in commencing the operation with cold water and again gradually lowering the temperature after boiling. When the cover is finally lifted it is a sterile tray and should be stood bottom upward on a convenient table, the strings severed, and its contents be allowed to remain undisturbed until each is required. Care should be used in disinfecting oily instruments by boiling, as water covered with a layer of oil may be raised to about 120° C., when it begins to boil explosively.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

120 East Thirty-first Street, New York City

[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

ASSOCIATED ALUMNÆ

THE Executive Committee begs to call the attention of the societies having a membership in the National Association to the following points: Names of delegates to the seventh annual convention should be sent in as early as possible. Societies are entitled to one delegate with one vote for each fifty members.

There will be a reduced railway rate arranged for, and in order to facilitate this, if the names of delegates and others who are contemplating attending the convention were to be sent in promptly, much unnecessary work would be saved.

Societies are asked to consider the feasibility of sending delegates to the International Congress in Berlin to be held on June 13, and to send to the secretary of the National Association, 120 East Thirty-first Street, New York, these names, together with the names of the delegates to the National Convention in Philadelphia.

Nurses wishing the pin of the National Council of Women may obtain it by writing to the national secretary. This pin all nurses who are members of the Associated Alumnæ are entitled to possess, since through the American Federation of Nurses we are members of the National Council of Women.

The convention will be held on Wednesday, Thursday, and Friday, May 11, 12, and 13, and a programme in detail will be given next month.

MARY E. THORNTON, Secretary.

ELIGIBLE LIST OF VOLUNTEER NURSES

THE Surgeon-General has deemed it advisable to open in his office what shall be known as the "Eligible List of Volunteer Nurses." The names of acceptable graduate nurses who are willing to serve in time of war or national emergency will constitute this list, and the requirements for enrollment shall be as follows:

Applicants must have graduated from a training-school for nurses which gives a thorough professional education, both theoretical and practical, and which requires at least a two-years' residence in an acceptable general hospital of not less than fifty beds. Graduates from special hospitals, from insane asylums, or private sanitaria will not be considered unless their training has been supplemented by not less than six months in a large general hospital.

Application for enrollment must be made to the Surgeon-General, and before being accepted the applicant must submit the following:

1. A statement of her physical condition filled out in her own handwriting and sworn to before a notary public.

2. A certificate of her health from at least one reputable physician personally acquainted with the applicant.

3. The name of the school and the date of her graduation.

4. A certificate concerning the moral, physical, and professional qualifications of the applicant as shown by the records of the hospital will be furnished by the superintendent of the training-school from which the applicant graduated. If she was trained under a former superintendent of nurses, her endorsement is also desirable.

Blanks for these purposes will be furnished by the Surgeon-General.

Approved candidates will be placed on the eligible list for appointment in event of war or national calamity.

Each nurse must agree to enter active service as she may be needed in time of war or national calamity. On the first of January and the first of July of every year she shall report by letter to the Surgeon-General, giving her address and enclosing a certificate from some reputable physician showing the condition of her health at that time.

When called into active service these nurses will be subject to all established rules and regulations and will receive the pay and allowances of nurses of the Army Nurse Corps, as set forth in General Orders No. 54, War Department, November 16, 1903.

DITA H. KINNEY,
Superintendent Army Nurse Corps.

REPORT OF HOSPITAL ECONOMICS COURSE FOR DECEMBER AND JANUARY, 1903–4

To Miss Banfield, Chairman.

Our large class of experienced women is most gratifying, and is a sign of the growth and development which we have cherished since the work first started. There is no doubt that the nurses of the West are wide awake to the full interests of this movement. We could not ask for better encouragement than to have more just such women register for next year's class. The new circular for 1904–1905 will soon be out, and the secretary of Teachers College will be pleased to send copies on application.

Another significant feature is the interest shown by the contributions from alumnæ associations. In December the Associated Alumnæ of the House of the Good Shepherd of Syracuse contributed ten dollars to the course, with many regrets that they were unable to give as liberally as they desired. In January the Brooklyn Homœopathic Alumnæ Association contributed nineteen dollars to the endowment fund. This is the fourth association to substantially express its good wishes since last October. May this contagion spread to the innumerable associations throughout the country. A little help from each would place the course on a proper basis, not only from our standpoint, but that of the college as well.

The present class has a splendid standing throughout the college departments. I am daily cheered by complimentary speeches made by their fellow-

students and instructors. What we need is the financial backing, that the course may do for them what they are doing for the course.

The serious illness of Dr. Wood has taken him from the college this year. Several doctors who are specialists in various lines of work have volunteered their assistance in completing the work for the second half year. Dr. Bigelow and Dr. Thorndike, of the college faculty, will lecture also. Dr. McMurray and Miss Kinne have kindly offered their aid in "Methods of Teaching" with special reference to nursing subjects.

The excursions since the last report, as mentioned in the reports by the students, have been to the Walker-Gordon Laboratory, Nurses' Settlement, and Post-Graduate Hospital.

Miss Banfield lectured to the class in December, and Miss Goodrich gave two of her lectures in January.

Mid-year examinations began January 20 and occupied two-weeks' time. So far as the reports are in, the students rank well with those of other departments.

Invitations have been received as follows: Fiftieth anniversary of the New York Infirmary; commencement exercises of Bellevue Hospital; lecture on India at St. Luke's Hospital.

A. L. ALLINE.

DIRECTORS' MEETING

At a meeting of the directors of THE AMERICAN JOURNAL OF NURSING Company, held in New York on January 22, Miss Isabel McIsaac, of Chicago, was elected president; Miss M. M. Riddle, of Boston, treasurer, and Miss A. D. Van Kirk, of New York, secretary.

A. D. VAN KIRK, Secretary.

CONTAGIOUS AND SCHOOL WORK IN NEW YORK

A VERY important branch of nursing is that of the "contagious nurses" in New York, and one that should be highly commended.

The staff is small, only four at present being in the field, but a great amount of work is accomplished. One nurse takes the diphtheria cases, and while it may seem almost impossible for one to look after all the needy patients suffering from this disease, still, if we consider that with the use of antitoxin very much less nursing is required, she can manage very well.

Two nurses devote their time to scarlet fever and are kept busy. Many complications are found, and the disease is long-drawn-out on account of the desquamation. A short time ago a girl nine years of age was found working on fancy braid that was being prepared for sale, and after being warned not to do so still persisted. The child was removed to the hospital at once until the "peeling" had stopped, and the house fumigated. This shows how watchful the nurses must be and how numbers of people, maybe many miles distant, are protected from contagion by their efforts.

The fourth nurse looks after those suffering with measles, and all precautions are taken, but the patients are never so ill as with scarlet fever.

The nurses at present engaged in the work are Mrs. M. J. Peltier, Miss Edith Abrams, Mrs. J. R. Dunn, Miss Susan McCusker. Until recently Miss McNamara and Miss M. Anderson were on the staff, but they resigned and the last two named have taken their places.

The Department of Health provides this essential service for the sick poor

of the city and will increase it as the needs arise. This branch of service comes under the same supervision as the school work.

The school nursing continues to increase both in staff and area. A nurse has been placed permanently on Staten Island; one has been assigned to the Bronx and one in Long Island City, Borough of Queens. It was thought by some that the new administration would not be as much in favor of the work as was previously shown, but Dr. Darlington, our new Commissioner, is much interested and has shown his effort to continue its success by adding six more nurses. Those appointed recently are Miss Margaret Butler, Post-Graduate Hospital, Class of 1898; Miss Dora Breugel, St. Mary's Hospital, Brooklyn, Class of 1892; Miss Anna Murphy, Post-Graduate Hospital, Class of 1893; Miss Jeannette McMillan, New York City Training-School, Class of 1893; Miss Lilian Lovering, Post-Graduate Hospital, Class of 1901; Miss Estelle Mease, Smith Infirmary, Staten Island, Class of 1894.

The appropriation this year is forty-seven thousand dollars, an increase of seventeen thousand dollars over last year.

The number of schools now covered is one hundred and fifty. Some among these are parochial and industrial schools.

Communications are constantly being received from the principals and from the local School Boards asking to have nurses sent to their schools. One quite recently came from the secretary of the Board of Education.

LINA L. ROGERS.

SPANISH-AMERICAN WAR NURSES

CAN any reader of the JOURNAL supply the present address of any of the following list of nurses?

Miss Bates, now Mrs. J. H. Hickson; Miss Annie H. Beaton, Miss Wilhelmina Bohnert, Mrs. Clara H. Borron, Miss Lily Brand, married, name unknown; Miss Elizabeth Champ, Miss Emma F. Cooper, Miss Annie Cosgrove, Miss Nella Crist, Miss Mary A. Curley, now Mrs. Robert Stewart; Miss Mary C. Daly, Miss Julia J. Deeley, now Mrs. Robert Patterson; Miss Frances Denner, M.D., Miss Eunice C. Earle, Mrs. Sarah Eunice, now Mrs. Brooks; Miss Amy Farquharson, Miss Minnie Huff, Miss Elizabeth Hunter, Miss Julia M. Gleason, Miss Myrtle A. King, Miss Helen M. Lathrop, Mrs. Catherine Mills, formerly Miss Graham; Miss Jennie M. Graham, now Mrs. Weddle; Miss Anna H. Gray, Miss Maud Guthrie, now Mrs. Kerr; Miss Mary D. Hill, Miss Amy E. Holmes, Miss Matilda L. Johnson, Miss Elizabeth A. Kell, now Mrs. P. Carroll; Miss Mabel I. Lake, Miss Grace Lansingh, now Mrs. T. S. Wiles; Miss Florence Linton, Mrs. McCaughey, Miss Anna M. McCleary, Miss Alice McDonald, Miss K. L. McDonnell, Miss Alicia Mackenzie, Miss Janie McNeill, Mrs. E. Markey, Miss Florence E. Marrigat, now Mrs. Petar; Miss Anna F. Casey, now Mrs. A. C. Murphy; Miss Catherine T. Mathewson, Miss K. Monoghan, now Mrs. ———; Miss Florence M. Morris, Miss Eva Adele Penn, Miss Mary A. Powell, Miss Lady Elizabeth Proctor, Miss Freida Rexroth, Miss Emma Reiger, now Mrs. Lane; Miss Alberta E. Ridley, Miss Hannah Rundquist, Miss Edith Saunders, Miss Elizabeth R. Salsbury, Miss Anna D. Schultze, now Mrs. ———; Miss Lucretia L. Smart, Miss Emma F. Smith, Miss Florence A. Stickley, Miss Susie S. Summers, Miss Mary D. Talcott.

Any address supplied and forwarded will be gratefully received by

MISS R. JACKSON, Secretary,
Overbrook, Pa.

THE EUROPEAN TRIP

The conductors of the touring party will be glad to help any nurse who is going only to Berlin and back in any way they can—purchasing tickets or giving addresses of hotels or pensions in Berlin, etc. The conductors reserve the right to make such change as the exigencies of travel may necessitate in the proposed itinerary, which is somewhat longer than the first outline as given a month ago.

It has been exceedingly difficult to arrange the tour in view of the many things that had to be considered: the convention of the Nurses' Associated Alumnæ of the United States to be held in May in Philadelphia, the date of the International Congress in Berlin set for June 13, the dates for sailing as arranged by steamship lines, and then the arranging for the Western representatives so that they should lose no time en route nor be under the necessity of sending two sets of delegates.

Owing to the demand for passage at the season set for our sailing, only a limited number may be registered for the party. Therefore, to secure accommodation and prevent disappointment, it is absolutely necessary that application should be made at once. A deposit of twenty-five dollars must accompany the application in order to secure the steamer passage; berths will be allotted strictly according to priority of application.

A complete itinerary will be sent each applicant with instructions as to her baggage, advice as to clothing, etc.

As the Mediterranean steamers are taken off at a time earlier than that set for the departure of the party, England will be visited first, and will include, besides London, a pilgrimage to Warwick Castle, to Kenilworth, and to Oxford. Leaving London, a short sojourn will be made in Holland,—Amsterdam and the Hague,—with an excursion to the famous seaside resort, Scheveningen, taking Cologne and the Rhine en route for Berlin, arriving in time for the congress, June 13. The week of the congress will be spent in Berlin, and during the interim the principal attractions of the city will be visited.

At the close of the conference the party will go to Dresden, stopping on the way at Eisenach, the birthplace of Luther, to visit the celebrated castle of the Wartburg in the forest of Thuringia; from Dresden, passing through the Austrian Tyrol to Northern Italy: Venice, Florence, Milan, and the Italian Lakes; returning through the famous St. Gotthard route to Switzerland, stopping at Lucerne and Interlaken; then on to the fascinating city of Paris.

The sight-seeing will be under the direction of an accomplished lady who has had large experience in foreign life and travel. The method pursued will be rather different from that ordinarily in vogue among touring parties. No lectures or descriptions will be given in museum or gallery; it is proposed to give such evening lectures in the hotel parlors on the places to be visited the following day. Every member of the party should be provided with a convenient note-book, and use that for reference during the day. It is hoped in this way to conserve the tourists' time and direct attention to only that which is of value. Of course, all is interesting, but when one has only a limited time and purse "what not to see" is very important.

The editor of the *Easy Chair*, in commenting on the people who left Europe unvisited because they could not give all the time to it they would like, goes on to say that he always said to such people, go, if they could only be gone a

month. A day in Rome or London or Paris was a treasure such as a lifetime at home could not lay up; an hour of Venice or Florence was precious; a moment of Milan or Verona, of Sienna or Mantua, was beyond price.

JAPANESE WAR

[Dr. McGee has issued a lengthy report to the Spanish-American War Nurses in the form of a circular letter to be mailed to each member of the society. We are unable to give the amount of space that a full publication would require, quoting only that portion of the circular that deals with the Japanese War.—Ed.]

Last autumn, when war between Russia and Japan seemed approaching, I took unofficial, and then formal, steps towards the participation of our society in the work of that war. The principal step was sending the following letter to his Excellency the Minister from Japan to this country:

"October 29, 1903.

"*To his Excellency the Minister from Japan, Washington, D. C.*

"Sir: Through your Excellency, I have the honor to offer to your government, if war should be declared, the services of a party of American ex-army nurses to assist in nursing the sick and wounded of the Japanese army. The party would consist exclusively of women who have graduated from our well-equipped training-schools for nurses requiring two or three years' residence and work in a hospital and who have also had large experience in their profession since graduation. A part of their experience was gained by regular service in the army of the United States during the Spanish War and the Philippine and Chinese campaigns, so that they are familiar with camp life and accustomed to army discipline.

"Approximately two thousand were appointed to our army during the years when the Nurse Corps was in my charge (under immediate direction of Surgeon-General Sternberg), and six hundred of those who served in 1898 belong to the association of 'Spanish-American War Nurses,' which was organised over three years ago and of which I have the honor to be president. The number to constitute the proposed party will, of course, depend on your wishes and on the amount of contributions to be received from the American people. Each nurse would be pledged to remain at least six months, if needed so long. I take the liberty of suggesting that I could start almost immediately after a declaration of war, taking with me a few nurses with the highest degree of surgical skill, and that additional nurses could be cabled for if the need arose.

"I presume you would desire to furnish quarters and rations from the time of arrival in Japan.

"With the earnest hope that this expression of friendship from the people of the United States will meet with the approval and sanction of your government, I have the honor to be, with high consideration,

"Your obedient servant,

(Signed) "Anita Newcomb McGee,

"(1898–1900, Acting Assistant Surgeon of the U. S. Army, in charge Army Nurse Corps)."

The Minister replied that he felt "deeply impressed by your offer to my government of the services of the American ex-army nurses now belonging to the association under your presidency, in case they should be needed for the Japanese army." . . . "Undoubtedly my government will highly appreciate the generous

motives which animate you and the worthy ladies associated with you in making this offer." After expressing his opinion that peace would be preserved, he concludes as follows: "At the same time, I can assure you that the friendship and sympathy on the part of the American ladies who devote their efforts to the noble object of your association of which your letter is so graceful an evidence will be widely and cordially recognized in Japan, and to that end I shall take pleasure in communicating it to my government at the earliest opportunity."

On December 4 these letters were given to the newspapers by the Japanese Minister and widely published with his comment that "among the evidences of American good-will so abundantly shown to his country, none would awaken deeper gratitude or more sincere admiration in Japan than the offer of Dr. McGee."

The New York *Herald* cabled the letters to its foreign correspondents and cabled a reply message from Japanese ladies living in London and meeting at the Japanese legation. In this message, which is signed by the wife of the Minister and the wife of Sir Edwin Arnold (who is Japanese), they refer to their "inexpressible joy and gratitude" and say they "desire to offer those ladies by the present message a tribute of sisterly affection and thanks for such a deed of womanly sympathy. They consider that by this example East and West have embraced, and that the girdle of humanity has been clasped in good-will and amity around the whole globe."

My letter was also published in the principal papers in Japan, and a cable to American papers from Tokio said it "has produced an excellent impression, and is warmly appreciated as a mark of the traditional American friendship for Japan."

In later interviews with the Japanese Minister he explained to me that it was not possible for his government to send a definite reply until the question of peace or war was settled, and in view of the great uncertainty the issue of notice of the matter was postponed and only the Executive Committee conferred with.

On February 11 the official declaration of war was received and the Minister at once cabled to Tokio for instructions as to whether or not we can go. He tells me that a reply can be expected in a few days, but this communication must be sent to press without waiting even that long.

Our offer may be definitely declined; but if it is accepted, preparations will be hastened and a party will sail for Japan at the earliest moment. Before this magazine is issued the newspapers will have reported later news.

ANITA NEWCOMB MCGEE.

On February 16 Dr. McGee telephoned the editor that a telegram had been received accepting the offer of the services of the Spanish-American War Nurses.

REGULAR MEETINGS

THE NURSES OF OHIO FORM A STATE ORGANIZATION

THE call sent out by the Graduate Nurses' Association of Cincinnati on December 7 met with a hearty response, and on Wednesday, January 27, the meeting was called to order in the library of the City Hospital. Miss Mary Hamer Greenwood, superintendent of the Jewish Hospital, presided. After a brief setting forth of the object of the meeting, Miss Greenwood introduced the first speaker, Miss Annie Laws, president of the International Kindergarten Union. Miss Laws organized the first training-school for nurses in Ohio, and has done more than

any one individual in the State for the interest of the nursing profession. She welcomed the nurses cordially and assured them of her hearty interest and support.

Much regret was expressed that Miss Sophia F. Palmer was not able to be present.

The second speaker was Dr. C. A. L. Reed, chairman of the Committee on Legislation of the American Medical Association. Dr. Reed, from his wide experience in medical organization and legislation, congratulated the nurses upon their endeavor to secure State registration and promised them every assistance in his power.

After an informal discussion it was moved and seconded that a State association be formed.

Committees on Constitution and By-Laws, on Legislation, and a Nominating Committee were appointed to report at an adjourned meeting on Thursday at two P.M., January 28.

On Thursday the meeting was called to order and the report of the Committee on Constitution and By-Laws accepted, and with some minor changes adopted.

The Committee on Legislation read as their report a draft of the bill to be presented to the Ohio State Legislature.

The Nominating Committee reported the following ticket, which was unanimously adopted:

President, Miss Mary Hamer Greenwood, superintendent Jewish Hospital, Cincinnati.

First vice-president, Miss Ella Phillips Crandall, superintendent Miami Valley Hospital, Dayton.

Second vice-president, Miss Elizabeth Allen, president Alumnæ Association, Presbyterian General Hospital, Columbus, O.

Third vice-president, Miss Olive Fisher, superintendent of Training-School, City Hospital, Cincinnati, O.

Fourth vice-president, Miss Wright, delegate from Graduate Nurses' Association, Cleveland.

Secretary, Mrs. Elizabeth Hartsock, superintendent Presbyterian Hospital, Cincinnati.

Treasurer, Miss Doe, delegate Graduate Nurses' Association, Columbus.

These officers constitute the Board of Directors and are later to elect two more vice-presidents.

It is expected that the vice-president will endeavor to organize county associations of nurses as soon as possible.

Great interest was manifested in the meetings, and there was a large attendance of nurses from different parts of the State at both sessions.

On the morning of Thursday a trolley-ride through the suburbs followed by a luncheon at the Grand Hotel was given by the Graduate Nurses' Association of Cincinnati to the visiting delegates.

ORANGE, N. J.—A regular meeting of the Alumnæ Association of the Orange Training-School for Nurses was held on January 20, at three P.M., at the home of Mrs. Walter Dodge, 32 Cleveland Street. In the absence of the president, Miss Anderson, the meeting was opened by the first vice-president, Miss Houlden. The report of the annual meeting was read by the secretary, and in the absence of the treasurer the secretary read her report also; both were accepted. It

was announced that three new members had been proposed and accepted. Miss Riddle, the president of the Associated Alumnæ, was invited by the president of the alumnæ to be present at one of the meetings. In a note regretting her inability to accept the invitation Miss Riddle made some valuable suggestions for advancing the interests of the alumnæ and for securing new members. The delayed report of the Boston Convention was given, and it is hoped more of the Orange nurses will be present at the Philadelphia convention. A very able and interesting talk on "What is Nervous Prostration?" was given by Dr. Dodge, for which a vote of thanks was accorded him by the association. The announcement of the birth of a son to Mr. and Mrs. Claude Stratton, of Sullivan, Ind., interested their many friends in the alumnæ. The meeting was adjourned, and the hospitality of Dr. and Mrs. Dodge enjoyed for a social hour.

NEW YORK.—The Alumnæ Association of the New York Hospital held a special meeting on Monday, January 25, to take final action regarding arrangements for a new club-house, more commodious quarters being necessary. It was decided to lease for a term of five years the apartment house Nos. 8 and 10 West Ninety-second Street. There are twelve apartments of seven rooms each, which will accommodate over a hundred members. The club will move from its present quarters, 52 and 54 East Forty-ninth Street, the 1st of May. The regular monthly meeting was held on Wednesday, February 10. It was voted that the alumnæ join the New York County Association. Misses Duncan, Twitchell, Henderson, Frederick, and MacDairmid were appointed delegates to attend the first meeting, to be held in March; Misses Twitchell, Duncan, and Frederick were reappointed delegates to the meeting of the State association to be held in Albany in April. Misses Samuel and Duncan were appointed delegates to Associated Alumnæ, which will convene at Philadelphia in May. It was also voted to increase the annual dues and initiation fees of the association. The meeting was full of interest and much business was transacted, after which it adjourned for the social hour and refreshments.

PHILADELPHIA.—The Alumnæ of the Training-School of the Hospital of the Protestant Episcopal Church in Philadelphia held a meeting in the Nurses' Home, February 2, 1904, at three-thirty P.M. Miss Rebecca Jackson, acting chairman, called the meeting to order. The attendance was fairly good. Routine reports were presented and business transacted. A letter was read from Miss E. Hanson, chief nurse of the Western Pennsylvania Hospital, Pittsburg, Pa. Miss Ada Payne, superintendent, explained the object of the Pennsylvania State Graduate Nurses' Association. Dr. Mary E. Esser was welcomed and congratulated on her recovery from diphtheria. Miss Emily Allen is ill with rheumatic fever in the Nurses' Beneficial Association room in the hospital. On October 1, 1903, a reception was given to the new superintendent, Miss Ada Payne, and the departing superintendent, Miss Mary S. Littlefield. The pupil nurses presented to Miss Littlefield a beautiful brooch, and a bouquet of American Beauty roses to Miss Payne. The alumnæ presented Miss Littlefield with a handsome travelling-bag, having silver fittings, and with a steamer-trunk. The next meeting will be held in the Parish-House, Twelfth and Walnut Streets, March 1, at three P.M.

NEW YORK.—The annual meeting of the Nurses' Alumnæ of Mt. Sinai Hospital was held at 149 East Sixty-seventh Street on January 7, 1904, the president, Miss Hartman, in the chair. The four delegates appointed to represent

the association and act in its behalf at the various meetings of the New York County Nurses' Association were Miss F. Hartman, Miss E. Atwater, Miss J. Campbell, and Miss B. Kreur. The following officers and directors were elected for the year 1904: President, Miss F. Hartman; vice-president, Miss E. Atwater; corresponding secretary, Miss B. Kreur; recording secretary, Miss H. Gillner; treasurer, Miss S. Shilladay; directors—Miss E. Malloy, Miss J. P. Friedman, Miss J. Campbell, Miss J. Ryerson, Miss B. Cohen, and investigating physician, Dr. Max Rosenberg. At the regular meeting held on February 4, Miss Atwater in the chair, the association ratified the action taken by the delegates in regard to joining the county association. Miss Hartman was elected delegate to go to the annual meeting of the New York State Nurses' Association. The meeting was adjourned and refreshments served.

READING, PA.—A regular meeting of the Berks County Association of Graduate Nurses was held at the Homœopathic Hospital, Reading, Pa., on Tuesday, January 26, at two P.M., the president in the chair. Thirteen members responded to the roll-call. After the reading of the minutes came the discussion of the change in the by-laws. It was decided to change the number of a quorum from ten to seven. A vote of thanks was given Miss Worley for typewriting the constitution and by-laws. A full report of the State meeting held at Harrisburg, Pa., was read by Miss Scholl, who served as delegate. The report was given in such glowing terms that those who had been unable to attend that event felt that they had denied themselves a very great pleasure. A vote of thanks was tendered the supervising nurse of the hospital for the hospitality shown the graduates. The afternoon closed with refreshments.

PHILADELPHIA.—The Nurses' Alumnæ Association of the Jewish Hospital, Philadelphia, held its regular monthly meeting on Tuesday afternoon, February 2, in the lecture-room of the hospital with nine members present. The committee having the theatre benefit in charge handed to the treasurer one hundred and twenty-five dollars and thirty-seven cents, and after giving a satisfactory report of their work were discharged with a vote of thanks. This amount towards our endowment fund was especially gratifying, as not more than a dozen nurses sold tickets, but a number of our distant members have sent generous donations and the fund is growing. Five of our members have joined the Graduate Nurses' Association of the State of Pennsylvania and two attended the convention of the State society in Harrisburg.

CLEVELAND, O.—The Graduate Nurses' Association gave a very successful "At Home" on January 26, the object being to introduce to the nurses of Cleveland Mrs. G. A. Smith, who will manage the central registry for nurses, which has at last become an established fact. The Hollenden Assembly Rooms, which were tastefully decorated, were used for the occasion. Tea was served and a very pleasant time enjoyed by about one hundred nurses who were able to be present. The Receiving Committee was composed of the officers of the association, Miss V. V. Lewis, president; Mrs. Hunter Robb, Miss Evelyn Wood, Miss Fanny Wright, Miss Lauder Sutherland, and Miss Elizabeth Hirschberg.

NEW YORK CITY.—The New York City Training-School Alumnæ Association held its monthly meeting at the Academy of Medicine on Tuesday, February 9,

the president, Miss Amanda Silver, in the chair. A report by Miss Josephine Foote, chairman of the Committee on Sickness, was that Mrs. Flaherty, Mrs. Clark, and Miss Sheldon were convalescent. All were pleased that Mrs. David Ingersoll was able to attend again; also to see Miss Elizabeth B. Irwin and a number of nurses who are not often able to be present. Joseph B. Cooke, M.D., gave a most interesting talk on obstetrics. A pleasant half-hour was enjoyed over the refreshments, which were provided by Mrs. F. Hunt and Miss Greener.

NEW YORK.—The annual business meeting of the Bellevue Alumnæ was held at 426 East Twenty-sixth Street, on January 21. Reports from various committees were read, after which Miss Hopkins, delegate to the county society, gave a report of its meeting on January 18. The important business of the day was the election of officers, and the following were elected to serve in 1904: President, Miss Mary Markham; first vice-president, Miss Jane A. Delano; second vice-president and assistant secretary, Miss Cora Warren; secretary, Miss Emma Snyder; treasurer, Mrs. Mary E. Bohling. The attendance was larger than usual, the importance of the meeting being appreciated.

NEW YORK.—Owing to the great amount of sickness very few members were able to attend the January meeting of Camp Roosevelt. Consequently it was decided to postpone business until the next meeting, which will be held at the club-rooms, 155 East Eighty-third Street, New York City, March 7, at three-thirty P.M. A large attendance is most earnestly requested, as the election of officers will take place. The February social meeting was a decided success. Captain S. F. Saunders, who was ill at the time, we are pleased to state has fully recovered. Lieutenant Florence Kelly has gone abroad. All the members wish her "bon voyage."

BROOKLYN.—The regular meeting of the Alumnæ Association of the Training-School for Nurses of the Long Island College Hospital was held on Tuesday, February 9, the president, Miss Anna Davids, in the chair. Eighteen new members were proposed, and satisfactory reports read from the various committees. A few evenings previously a very successful euchre party was given at the home of Miss Charlotte Arnold, one of the directors of the association, for the benefit of the register fund, after which a very pleasant half-hour was spent in a social manner, during which a supply of cake and coffee was very liberally dispensed.

BROOKLYN.—The annual meeting of the Brooklyn Hospital Alumnæ was held at the Training-School on Tuesday, February 2, and was very well attended. Two new names were added to the membership. The chief feature of the meeting was the election of officers for the coming year, as follows: President, Miss Elizabeth Dewey; first vice-president, Miss Beatrice Monteith; second vice-president, Miss Grace Cameron; recording secretary, Miss Emily Jones; corresponding secretary, Miss Bessie Cowling, 301 Lafayette Avenue; treasurer, Miss Mary Exton Holt.

WASHINGTON.—A meeting of graduate nurses was called in November for the purpose of organizing, having in mind the framing of a bill for the registration of nurses in the District of Columbia. About one hundred and fifty

nurses responded. The outcome of this meeting is the Graduate Nurses' Association. Several meetings have been held, which were well attended and great interest shown in regard to registration. January 28 a bill for the registration of nurses was introduced in Congress.

PHILADELPHIA.—The Alumnæ of the Woman's Hospital, Philadelphia, met on February 10, 1904, at the residence of one of the members. The minutes of the previous meeting were read and corrections made, after which the officers were appointed for 1904. Some new members were admitted and several names proposed for membership. Letters were read from nurses regretting their inability to be present and thanking Miss Whiteley for her kind invitation.

CHICAGO.—The January meeting of the Illinois Training-School Alumnæ Association was one of interest and instruction. After transaction of considerable business, papers on "Indiana" were read. At the February meeting "Wisconsin" was the topic. At each meeting the subjects were discussed from a literary, commercial, and historical standpoint. The entertainment for the association this winter is furnished entirely by their own members.

BOSTON.—At the meeting of the Alumnæ of the New England Hospital, held February 13, a committee of three was appointed to nominate delegates for the coming convention. Mrs. Mary C. Hall was elected delegate. One new member was initiated, Miss McMahon. A vote of thanks was extended Dr. Kellar for the very interesting talk on her travels in the Mediterranean and Orient, which was greatly enjoyed and appreciated by her hearers.

TORONTO, ONT.—The Alumnæ Association of the Toronto General Hospital Training-School held it regular monthly meeting at the Nurses' Residence on January 12. The subject discussed was "Modern Treatment of Tuberculosis," by Dr. Irving, late of Gravenhurst Sanitarium. There was a large attendance, and Dr. Irving gave many practical hints which were helpful to nurses engaged in private work.

BROOKLYN.—A social meeting of the Alumnæ Association of the Brooklyn Homœopathic Hospital was held February 3 at the residence of Dr. Mary White. The nurses listened with a great deal of interest to a talk on Africa by Dr. Snyder. Miss Greenidge favored them with music, after which a social time was spent. Cake and cocoa were served.

WEST VIRGINIA.—A meeting of graduate nurses of Cabell County, W. Va., was held in Huntingdon on Thursday, February 11, for the purpose of organizing a county association. Quite a large number were present. Through the courtesy of Miss Gaule the meeting was held in the Chesapeake and Ohio Railway Company's Hospital at Huntington.

ROCHESTER.—The regular quarterly meeting of the Rochester Homœopathic Hospital Nurses' Alumnæ Association was held at the hospital on February 2, 1904. There was a good attendance and many important subjects were discussed.

BIRTHS

On September 11, at St. Thomas, Pa., to Mr. and Mrs. Julius E. Kempter, a son. Mrs. Kempter was Miss Grace Guyton, of Baltimore, Md., graduate of the Johns Hopkins Training-School, Class of 1899.

On November 12, in Baltimore, Md., to Dr. and Mrs. Guy L. Hunner, a daughter. Mrs. Hunner was Miss Isabel Stevens, of Baltimore, graduate of the Johns Hopkins Training-School, Class of 1900.

MARRIED

At Toronto, Ont., December 3, 1903, Elena M. M. Eyre, graduate of the Toronto General Hospital, Class of 1900, to Rev. Campbell Hamilton Monro, M.D. Dr. and Mrs. Monro are engaged in medical missionary work among the Galicians of Ethelbert and surrounding districts, Manitoba, Can.

At Philadelphia, January 20, 1904, Miss Frances A. Jahn to Mr. Houston H. Milligan. Mrs. Milligan is a graduate of the Protestant Episcopal Church Hospital, Class of 1898. Mr. Milligan is a member of the Philadelphia Bar. They are residing in apartments at Colonnade Hotel.

On October 28, at Montclair, N. J., Miss Florence Elizabeth Tuthill to Mr. John Redman Coxe Boyer, of Memphis, Tenn. Miss Tuthill is a graduate of the Johns Hopkins Training-School, Class of 1902, and since her graduation has held a hospital position in New York City.

On November 26, at Ammia, N. Y., Miss Alice Page Merwin to Mr. Walter Hull Birdseye, of Oklahoma City, O. T. Miss Merwin is a graduate of the Johns Hopkins Training-School, Class of 1899, and since her graduation has been engaged in private nursing.

On February 4, 1904, at her home, 6 Cobb Street, Rochester, N. Y., Miss Ruth A. Bailey, of the Class of 1894, Rochester Homœopathic Training-School for Nurses, to Mr. Herman H. Van Voorhis. Mr. and Mrs. Van Voorhis will reside in Pittsford, N. Y.

At Glasgow, Scotland, October 26, 1903, Miss E. D. McCulloch, graduate of the New York Hospital, Class of 1898, to Mr. Peter Roughead. Mr. and Mrs. Roughead are residing at 8 Holmes Road, Langside, Glasgow, Scotland.

At York, Pa., January 19, Miss Margaret Collins, graduate of the New York Hospital, to Mr. William A. Cook. Mr. and Mrs. Cook will reside at 314 East King Street, York, Pa.

OBITUARY

Miss Mary E. Miehley, a graduate of the Reading Hospital of the Class of 1891, died at the above hospital on January 15, after a short illness, of appendicitis. Cheerful and conscientious, her death, which was entirely unexpected, left many to grieve for a kind friend, a faithful nurse, and a loving daughter and sister. She served three years as supervising nurse at the General Hospital, Pottstown, Pa.

"WHEREAS, It has pleased God to remove from among us one of our most esteemed and worthy sister nurses, Mary E. Mierley.

"WHEREAS, The long and intimate relation held with her in the faithful discharge of her duties in her profession makes it eminently befitting that we record our appreciation of her; therefore be it

"*Resolved*, That we, the members of the Berks County Association of Graduate Nurses, also Reading Hospital Alumnæ, deeply regret the death of our friend and faithful worker in the nursing profession.

"*Resolved*, That the sudden removal of such a life will prove a serious loss to the community.

"*Resolved*, That with deep sympathy with the bereaved family of the deceased, we express our hope that even so great a loss to us all may be overruled for good by Him who doeth all things well; and be it further

"*Resolved*, That a copy of these resolutions be sent to her family, also to THE AMERICAN JOURNAL OF NURSING and the *Trained Nurse*.

"BERKS COUNTY ASSOCIATION OF GRADUATE NURSES,
"READING HOSPITAL ALUMNÆ,

"ELLA R. SNYDER,
"MARY E. DOUGHERTY,
"Committee."

IT was with deep regret that the Alumnæ Association of the Methodist Episcopal Hospital Training-School for Nurses of Brooklyn, N. Y., learned of the death of Miss E. Margaret Pritchard, which occurred at the German Hospital, Brooklyn, N. Y., December 19, 1903, of typhoid fever.

Miss Pritchard was graduated from the Methodist Episcopal Hospital, Brooklyn, in 1899 with high honors. The following year she received the appointment of supervisor of nurses of the German Hospital, which position she held at the time of her death. She was thoroughly devoted to her work, and being a young woman of unusually high ideals, spared no effort to make her work successful.

At the last meeting of the Alumnæ Association the following resolutions were adopted:

"*Resolved*, That we, as an association, feel that in the death of Miss Pritchard we have lost a loved friend, and the profession a most conscientious and able worker.

"*Resolved*, That we, the members of the association, extend our heartfelt sympathy to the bereaved family.

"*Resolved*, That a copy of these resolutions be sent to her family, to THE AMERICAN JOURNAL OF NURSING, and to the *Trained Nurse*.

"MARY E. ELLIS,
"DOROTHY KIRKPATRICK,
"EMMA C. MILLER."

AT the Rochester Homœopathic Hospital, February 1, 1904, Mrs. Mary Clark Long, of the Rochester Homœopathic Hospital Training-School, Class of 1903.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES

THE PROGRESS OF REGISTRATION IN ENGLAND

Readers of the *British Journal of Nursing* will not need to be told that the Society in England for State Registration, founded in 1902, and which since that time has carried on an energetic and admirably conducted propaganda, drafted in May last a bill to present to Parliament, and that this bill was presented to a special meeting of the society at the end of last November and approved. [Since published in the JOURNAL.—ED.]

The bill, which is wise, moderate, and just, provided for the formation of a nursing council, whose duties and powers were to be to frame rules regulating the issue of certificates, conditions of admission to the register, course of training, and conduct of examinations, the admission of women already in practice, and all the other details which, in short, correspond to the work of our State Regents and Examining Board in New York. Important nursing bodies, such as the Queen's Jubilee Nurses and the Royal British Nurses' Association, and prominent medical bodies were given representation in this council. But the majority of the council were to be elective, selected by the nurses themselves, so that the important principle of self-government was thoroughly safeguarded.

This entire work had been carried on with the most complete openness and publicity.

The Royal British Nurses' Association, originally founded to secure registration, had in 1896 voted against it, and from that time on has been on the opposition. The general surprise, then, may be imagined, when on December 23 the Royal British Nurses' Association published in its official organ a "Brief Synopsis" of a registration bill, which, testifying, as it did, to a complete reversal of policy, came like a bolt from the blue sky.

As a selfish politician sometimes is forced unwillingly to yield to public pressure, so the little clique which has so long held the Royal British Nurses' Association in hand was forced to go with the tide in the matter of registration, but an attempt to retain power was shown in the construction of its bill, which stopped short at a fair representation of nurses themselves.

The *British Nursing Journal* vigorously criticised this proposed bill, saying truly that it provided for an oligarchy of medical and lay employers of nurses, who, if they did not resist it, would be signing away their own liberty and that of the nurses of the future.

What internal pressure was brought to bear we do not know, but in January a special meeting of the Royal British Nurses' Association was called, at which the proposed bill was amended in an enlightened and liberal way, bringing the direct representatives of the nurses and matrons up to fifteen instead of six, thus conceding the whole argument for registration and for the right of nurses to be in the majority on governing boards.

This has been one of the most surprising events of the year, and though we think it would have been finer in the Royal British Nurses' Association to have supported the Society for Registration, yet none the less does it leave the latter in possession of complete victory.

THE GERMAN NURSES AND THE GOVERNMENT

The German Nurses' Association is waiting upon the slow and ponderous machinery of the government to take cognisance of its request for State regulation of nursing education and economic status. Although German methods are slow, they are thorough, and we hope for good results when they are brought to bear on this question.

NEW ZEALAND SUCCESS

Registration in New Zealand is reported as working smoothly and satisfactorily. The Inspector-General of Hospitals and Charitable Institutions in his annual report to the Minister of Public Works, which was presented to both houses of the government, commends the working of the act and gives much credit to Mrs. Grace Neill, who, as a nurse and Assistant Inspector of Hospitals, has been intrusted with the difficult and important task of carrying out the arrangements for examinations, and generally keeping the legal machinery in motion.

HOW TO TRAVEL ABROAD ON LITTLE MONEY

Who does not look forward to a "trip abroad" if it is yet an unfulfilled dream of the future? People who have plenty of money can, of course, travel when and how they will, but many of those who would most enjoy the new scenes, and who are most eager for the opportunities of learning that are afforded by a European trip, are deterred by the cost of travel.

This cost, however, need not be nearly as great as is usually supposed to be necessary, and I am going to give some of the practical points picked up from experience or observation of other people for the benefit of those who wish to travel economically. Those fortunate individuals who only need to draw a new check when the last one is exhausted, and who spend anywhere from three to six dollars a day, need not stop to read this humble screed.

First let me give two starting-points as to relative cost:

I. It is possible to travel quite continuously, making stops of from two days to a week here and there along the road in Europe on an average of, often, two dollars a day—sometimes a little more, say not more than two and a half.

II. If one has six months or a year to stay, and wants to settle down for a month or more at a time, one can get through on about seven hundred dollars a year.

Now as to details: The first essential is to know a little of the language of whatever country one means to visit. Without this one can travel, but not economically, as one is obliged to stay at English-speaking hotels, depend on others for everything, and pay in innumerable little ways for not being able to take care of oneself. The first advice, then, is to learn to speak enough of French and German, and, if possible, Italian, to meet the incidents of travel. Conversation lessons are the best, for the traveller must practise her ear even

more than the tongue. It is rather easy to learn to ask simple questions in a foreign language, but not so easy to understand what is being said to one in return.

In preparing to cut down expenses in travelling, the first thing is to get the necessary and inevitable items of expense reduced to their lowest minimum. Such inevitable items are railway tickets, baggage, board and lodging, and laundry. Many outlays are not capable of being reduced, such as little unexpected expenses, entrance fees to noteworthy places, etc. The only way to reduce the latter is to go on free days to galleries, etc., but as free days are usually only on Sundays, one can easily see that there are not enough Sundays to go around. So one needs a good many small sums to buy tickets to noteworthy sights, concert, opera, theatre, and all the innumerable places which ought not to be neglected. Therefore, economies must be made in the necessary and inevitable items.

The first, and a large one, is the railroad. By travelling third class one saves at the outset nearly one-third of her whole outlay for the railroad. This means that one must buy one's own tickets, for "Cook's tickets" are not to be had in third class, only in first and second. And it is a mistake to think that "Cook's tickets" are cheaper than those bought of the railway. They are the same price, with a trifling commission added. What Cook does for the tourist is to save him *trouble*, not money.

Third-class travel is entirely comfortable, respectable, and possible in England, Holland, Belgium, Germany, Switzerland, and even Italy, though the latter is not as clean as the others. France I know nothing of, therefore cannot say. I had been told that third-class in Italy was impossible, but have found quite the contrary. Though the cars are usually very old-fashioned and small (being, however, continually improved) and the floors usually rather unkempt, yet by choosing cars carefully one can travel perfectly well third class in Italy, and the Italians in the third-class cars are perfect as to manners and demeanor, though often a little behind the times in habits.

The drawbacks of third-class travel are: One is more often obliged to "change cars;" one cannot always take a good, fast train; the best and fastest trains in some countries do not carry third-class; and sometimes a long-distance journey, as from Rome to Naples, cannot be made in one trip third class on account of the slowness making the time required impossible without a "stop-off" somewhere. These are some of the little points for which one needs the language. The railroads in Germany, Switzerland, and Italy all offer in summer very low rates in "round trips" or "season tickets" in all three classes. With the former, one must return to the starting-point; with the latter, this is not required. In Switzerland a photograph of the individual must be pasted on the season-ticket, and during its limit of ten, fifteen, or thirty days one may travel, if one wishes, from morning until night in any direction or on any road in Switzerland. But unless one spoke the language one could hardly manage one of these trips, especially in third class. The ten-day third-class costs eight dollars. However, if one does not want continuous travel, it is not advisable to get one of these tickets, as distances are short in Switzerland, and one might see what one wanted for less.

Next, as to baggage.

(To be continued.)

LETTERS

On the way through Southern Germany, Switzerland, and Italy one may see a number of general hospitals which are typical and interesting. These large general hospitals, which correspond to what in America would be called "city" or "county" hospitals, are yet quite differently managed in many details. For instance, they are not limited to free patients, but have a number of beds and small rooms containing from one to four beds for paying patients of small means. The workmen of Germany all contribute to their State sick benefit fund, and this entitles them to hospital care, so they are not regarded as free patients.

Pay patients of a more well-to-do class in Germany are not provided for in the large general hospitals, but go to a private "Klinik," meaning the private hospital of some great specialist, or to the Red Cross hospitals, which are designed especially for paying patients, although they all have some free beds.

In Munich Mrs. Robb and I visited the General Hospital, which has eight hundred beds. It is about two hundred years old, and is built in a heavy and solid style, three-story buildings surrounding a large square. The long sides and back of this square were planned like "corridor trains"—that is, a long, wide corridor ran the entire length, its windows opening on the open square, and from its other side opened the wards, which were small and narrow, with windows at the street end only. The wards were small, each containing sixteen beds, and as they were built solidly together, with window only at the end, they were rather dark and by no means cheerful looking, although they were very neat and clean. The air-space was small, and ventilation had to come partly through the corridor. The corridor itself was quite a picture. The sisters used it as a general supply and work-room, and it had, distributed up and down its generous space, ice-chests with little tables beside them for cracking ice, the picks and ice-caps hanging above; it had steam-pipes and hot tables; it had fixtures for boiling water, with kettles in place; it had slop-hoppers and fresh-water fixtures, zinc receivers for clothes, small tables for general utility, shelves for the doctors' appliances in testing urine, blood, etc., and racks for bedpans and urinals, all right out in the open! At intervals along the corridor were tall green plants and flower-stands with potted plants. It had a dark, polished floor, and on the wall were pictures of a religious character. The sisters are of a Catholic order, wearing black with a large white fichu and heavy white linen apron and much pleated and folded white linen cap. The probationary sisters wore large black caps and blue gingham over-sleeves. There were a number of sisters busy in the corridor, and the picturesque effect was exceedingly pretty. The corridor was of such spacious extent that this curious jumble of belongings did not look as incongruous as it sounds. Medicines and surgical appliances were kept in a room by themselves, but the patients' milk supply was in an ice-box in the corridor.

Just what or how much nursing work the sisters do is, of course, a little difficult to find out on a short visit. I judge that in this hospital the medical students do a great deal that with us would be done by pupil nurses. But the sisters undoubtedly work hard and continuously, and their faces and demeanor show nothing but kindness and gentle goodness.

This is the hospital with such an exquisite kitchen, and the whole big place was immaculately clean,—bathrooms, beautifully tiled, cubby-holes, and corners were all shown. The hospital has sun-rooms, X-ray and Roentgen-ray rooms, and

departments for all branches, including children (in a separate hospital), and obstetrics. The latter department is, I believe, the one in which changes are most needed in many foreign hospitals, as the sisters do not personally supervise the work, which is left to attendants of an inferior grade.

The canton hospital at Berne, Switzerland, is a very beautiful one. It is quite new, and built on the isolated pavilion plan in beautiful grounds a little way out of the city of Berne, with the kitchen building in the middle of the grounds just behind the administration.

The pavilions, while similar externally, vary in their details of plan, and are very attractive, with a modern finish of lightness and brightness. In several the long, wide corridor, completely closed in with glass sides, where the patients could walk or ride in wheel-chairs, was a special feature, and a pretty touch of color was given by the bed-linen in the wards. Instead of being made up in white, as usual, the pillow-cases and bedspreads were all of a clear blue and white plaid gingham, fresh and well-laundered, and with the good, hard-wood floors and funny little yellow boxes of Swiss beds, it really looked prettier than white.

I would have liked to see more of this hospital than I could. The deaconesses who nursed it had every appearance of being overworked, and I had not the heart to detain one of them long enough to satisfy my interest. I should say that they did thorough and careful nursing, and did it all themselves. I noticed in the children's ward the exquisite cleanliness of finger-nails and small details which mark careful work. Then, too, in this hospital I believe a more elaborate surgical technique is practised than in almost any other Swiss hospital, and doctors' orders are heavy and exacting. Medical science and nursing art both are high, and I would advise American visitors to see the canton hospital of Berne without fail.

A similar hospital at Geneva was not so modern in construction nor so good in detail, though larger. It is built in the heavy, three-story style, with wards and corridors all opening into each other, and what struck me as being very odd was to be shown a diphtheria ward and a scarlet-fever ward opening right out of the general corridor—quite at one end, to be sure, but still connecting with the whole hospital. The diphtheria room, containing eight beds and three convalescents, had an excellent apparatus for making steam spray. It was a nickel-plated machine over gas-jets, having a reservoir for water and a regulator to control and record the pressure. It was fitted with long arms of nickel tubing which extended over the beds, and could produce enough steam for six patients. I was told that the Swiss physicians are very strict and punctilious in the use of antitoxin at an early stage, so that diphtheria is minimized and there is no pressure on the hospital. There were deaconesses also in this hospital, and, I am sorry to say, they also seemed overworked, though not as much so as at Berne. The pillows and spreads in this hospital were pink and white check.

A wonderful hospital to burst on one's vision is the Ospedale Civile in Venice, containing thirteen hundred beds and occupying the superbly beautiful old buildings which were for four hundred years a monastery and for a hundred past have been adapted as a hospital. But this letter is too long already, and I shall have to describe it next time.

L. L. D.

ITEMS

Miss Sara McDonald (Johns Hopkins) and Miss Thurston (Brooklyn Hospital) have been taking a holiday in Italy. In Florence they encountered Miss Dock, and in Rome found quite a little gathering of American nurses who met on several pleasant occasions. There were Miss Tripp (Canada and General Memorial), Miss Dock again, and Miss Gordon and Miss Shibley (Brooklyn Hospital), who are making an extended trip.

Miss La Fleur, of the Massachusetts State Hospital; Miss Gibson, of the Boston City; Miss Irving, from Australia; Miss Babcock, of the Newport Hospital, and Miss Hunt, of the Framingham Hospital, are in Rome for eighteen months doing private duty under the auspices of St. Paul's House.

Miss Diana Kimber is about to become a member of the Poor-Law Guardians in her country home in England. She has already been elected a member of a committee to further the enforcement of the law regulating the practice of midwives.

Fraulein Agnes Karll, president of the German Nurses' Association, writes most warmly and cordially of her interest in meeting English and American nurses next summer in Berlin.

The St. Bartholomew's League of Nurses, always foremost in liberal movements, will send a delegate to the congress in Berlin next June.

Miss McGahey has described her visits to hospitals in North America and Great Britain in a published lecture which we hope to see.

The Community and Tuberculosis.—Dr. Beverly Robinson, of New York, in an article on the above subject, makes the following statement: "Finally, the broad statement still remains true, that without a susceptible soil no tuberculosis will develop in the vast majority of cases. Witness a little experience of my own. I served thirteen years in the Out-door Department of the New York Hospital, where I had the class either of heart and lungs or throat and nose. During that time I had three or more assistants at different times, and several students. I or my assistants passed at least two hours three times a week in the room where the patients were examined, treated, and prescribed for. In no instance that I recall was any one among my assistants or students (of course, including myself) known to have contracted tuberculosis, and certainly in no instance was our attention directed to the room of the New York Hospital as being the source and origin of the disease. So far as I know, at no time in the thirteen years referred to above was the room where I examined and worked over my cases ever thoroughly disinfected in accord with the notions that we now possess of the meaning of the term. Of course, patients coughed, expectorated, and frequently tuberculous sputa reached the floor, dried up, and were wafted freely later to the respiratory tract of us all."

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: Two years ago, before the organization of the New York State Association, much time and energy was spent discussing the merits of individual membership *versus* membership consisting of delegates from already existing organizations. The interest and active support of each individual nurse was needed, but in discussing this point with an officer of the Associated Alumnæ she pointed out that a State organization of individual membership would be cumbersome. I suggested that this objection could be removed by having the State association composed of local organizations in the different counties, the local or county organizations being branches of the State association and represented therein by delegates. In order that the nurses of every locality should be fairly represented at the annual conventions each county organization should be entitled to one delegate and alternate for, say, every fifty members of such county organization to represent them at the annual meeting of the State association. They should be entitled to vote by proxy before the annual meeting and cast a number of votes corresponding to the number of members of their county organization. This proposition was disapproved on the ground that there were already enough nurses' organizations in the field and no advantage would be gained by adding to them.

Nevertheless, the county association has been inaugurated. The county association will be composed entirely of registered nurses. The by-laws of the State association on the subject of membership, which are fearfully and wonderfully made, provide for a dual membership, individual membership, and delegates from local organizations. The first are required to be registered. There is no such provision with regard to the second. Under the existing by-laws membership in the State organization is independent of the county association. The by-laws concerning admission to membership in the State association should be equally applicable to the county association and vice versâ, barring only the limitation of locality. Then why not do away entirely with the remarkable labyrinth of words constituting the present by-laws of the State association on the subject of membership, and instead have the county associations composed of individual registered nurses regardless of distinction of schools, and the State association composed wholly and entirely of delegates from the county associations, as stated before in this letter, also in my letter to THE AMERICAN JOURNAL OF NURSING in January, 1902. To admit delegates from nursing organizations, such as alumnæ societies, only adds an unnecessary complication, as such societies are not likely to be composed only of registered nurses unless some very radical reorganization takes place, also members of such societies may prefer to join as individuals.

Alumnæ associations are all right in their place,—they have their own sphere of work,—but I am convinced that both the State and the county associa-

tion would be much broader and stronger organizations if such school distinction be eliminated.

B. Van Hommion Stevenson,
823 Park Avenue, New York City.

February 10.

[As long ago as May, 1902, the Journal commented upon the need in New York City of a "strong local organization that should bring the nurses of all schools into working and 'playing' relations." This comment called forth something of a protest in the next issue from a "Resident of New York," in which, however, she outlined a plan for an organization in the future, then being considered, by which an affiliation of all the existing societies in the vicinity would be secured upon practically the lines on which the county society has now been established. We believe the county society a great step in the right direction for New York City.

Of course, we all know the by-laws of the State society are clumsily made, but by degrees they can and will be put into better and more comprehensive form, but inasmuch as the State society, even with its faulty organization, has been recognized by the Legislature and given a voice in the educational affairs of the State, we feel that radical changes should be made slowly and with great care. The alumnæ associations have been the educators in organization work, and we question whether their days of usefulness are yet over. We would advise very deliberate action in all matters pertaining to the State society, that New York may keep unchallenged the splendid position she now holds in the registration movement.—Ed.]

Toledo, O., February 13, 1904.

Dear Editor: The article, "Does the Training-School do its Full Duty?" by Susan Bard Johnson, "just hits the nail on the head" in my opinion. By far the most general criticism I hear of the private nurse is, "She understands her business, but I don't like her." I think we all agree that deliberation is one of the most important qualifications for a nurse; then why sacrifice it for routine work, more of which might be done by maids? Training-schools cannot afford to teach housekeeping, which should be an important qualification for the probationer.

Mary I. Harboun,
Private Nurse.

[Letters to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the Journal unless so desired.—Ed.]

The Treatment of Constipation in Infants.—The *Medical Record* says: "Clamann treats constipation in infants by introducing a well-oiled soft-rubber catheter several inches into the rectum. If necessary, it may then be moved in and out several times, but usually its mere presence is sufficient to excite active peristalsis. The method may be used for weeks, the only consideration being that the diet is suitable and the motor activity of the gut sufficient."

EDITOR'S MISCELLANY

Dr. William H. Welch, of the Johns Hopkins University, before the Maryland State Nurses' Association:

"You have to consider exactly how to proceed to secure the State Examining Board. I noticed in several of the States the law was almost imperilled by efforts to secure the presence of physicians upon these Examining Boards. Now I am quite sure that it it is not the function of the physician to examine nurses. They had something to say in the training of the nurses; the nurse should not go forth without having come under the guidance of the physician; but your profession is a skilled profession which requires special knowledge, and a special knowledge that is possessed by the trained nurse and not by the physician. Akin as the professions of medicine and of nursing are, they are still distinct professions, and there is no necessity, in my opinion, and there are certain disadvantages, in the requirement that physicians should be members of the Examining Board. Most of these laws provide that the Examining Board shall consist of persons chosen, or at least nominated, by the State association, and that seems to me probably the wisest method.

"These two features, then, are the ones which insure that the registered nurse has the requisite training and has the requisite knowledge. They insure that she has been graduated from a recognized training-school, one with the proper standards as regards the period of study and practical training. The law further provides that after the nurse has given evidence that she possesses the preliminary training she must pass an examination, not by her own training-school, where conditions come in that do not absolutely insure the necessary qualifications, but before a separate and distinct Examining Board. These are the essential features, as I understand it, of the law—the existence in the first place of a State association of nurses, in the second place a provision in the law for a suitable preliminary training, and, in the third place, the passing of the examination of a Board of Examiners who have not of necessity been the candidate's own teachers.

"Now, what objection can possibly be raised against this desire on the part of the nurse's profession? No real objection, but you are likely, I suppose, to encounter some opposition, and I suppose that opposition will be based upon the idea that such a law as this sets up an unjustifiable distinction; that it sets apart a certain class from others. But the distinction is one eminently desirable, namely that the term 'registered nurse' shall mean that here we have nurses who possess certain defined qualifications. At present a diploma does not mean that of necessity, so that you require protection on account of the inflow into your profession of those who claim the same title without having acquired the same qualifications. Therefore this argument, which is the only one that occurs to me, is one that you will be able to meet when you go before the Legislature at Annapolis—that you are proposing a distinction, but one based upon right and justice, and one that it is certainly eminently desirable to make. The best argument, perhaps, is that of the benefit to the whole community, because the great majority of people have at present no way of determining who are the really qualified nurses, while the institution of the title of 'registered nurse' would overcome this difficulty.

"From every point of view that occurs to me your movement is one that should have the support and sympathy especially of the members of the legal profession, of the members of the medical profession, and of all women who are interested in improving the opportunities for women of higher professional and practical work, for skilled nursing is a great field for women's activity. I wish you all success in your efforts, and shall be glad to be of any assistance to you in my power in securing the desired legislation."

[Each time that nurses have organized to secure State registration men and women of note have come forward to give their approval and support to the movement, and their names should live in the history of nursing progress.—Ed.]

The *Spirit of Missions* for February gives a very interesting account of the foot-binding custom among the Chinese. It seems that a girl with unbound feet has little chance of a husband. Public opinion will fully sustain a bridegroom in returning his bride to her mother if he discover after marriage that his wife has unbound or "large" feet. He is not likely to make this discovery before marriage, as young men and women, though they may be betrothed as children, are not allowed to see each other until the day of the wedding.

This custom of foot binding is so old that its origin is lost. There is no fixed age for beginning to bind the feet. Among the rich the binding is begun with girls of four or five; among the poorer people usually from seven to nine. In any case the process is intensely painful. "The four smaller toes are doubled under the foot, the big toe is laid on top, and the deformity is then tightly bandaged." The process is repeated every few days, the bandages being drawn more tightly each time. Three inches is considered a proper length for the deformed foot of a full-grown woman. . . .

Apparently nothing was ever done to abate the cruelties of foot-binding until the Christian missionaries began a campaign of education against it. They have been joined by other foreigners in the empire, and there is now a flourishing association known as the *Tien Tsu Hui*, or "Natural Foot Society." Some of the more progressive Chinese officials have cooperated with this society and have written protests against the foot-binding process. About two years ago the Empress Dowager issued an edict urging that it be given up. But in spite of both foreign and native opposition it will be many years before the practice disappears.

Recently the *Tien Tsu Hui* offered prizes for essays by Chinese on foot-binding. Over two hundred articles were received, most of them condemning the practice. Here, however, are two samples of the argument for the defense. Incidentally they show plainly the current Chinese opinion concerning women:

1. "Bound feet assist women to do their duty, which is to stay at home and not to gad about in their neighbors' houses.

2. "Those who complain of the pain involved in binding the feet forget that suffering is necessary for the proper development of woman's character. A woman who has not eaten this bitterness is likely to be opinionated and to want her own way. She will argue and quarrel with her husband, and the two will oppose each other like a pair of strong hands, each coming against the other, causing smacks and crashes. On the contrary, a bound-footed woman will receive correction and is submissive and obedient to her husband. Confucius says that women should be weak and men strong. This is the proper order."

As Christian teaching spreads foot-binding will naturally decrease. For

with Christian teaching will come a more just estimate of the place of women in Chinese life and unwillingness to inflict unnecessary pain upon the human body, and particularly upon the bodies of young girls. One rarely finds Christian fathers and mothers who bind the feet of their daughters. The whole missionary influence is against the practice. In many mission schools a practical kind of opposition to foot-binding, which appeals to many Chinese parents, is shown by charging school fees only for girls with bound feet. Those with unbound feet are received free.

THE PROFESSIONAL *vs.* THE TRAINED NURSE.—*To the Editor of the Medical Record.*

SIR: Some time ago the subject of the education of nurses was considered in the *Medical Record* in the hopes of bringing some kind of response from members of the medical profession, and opening up the question in a radical and fundamental manner. But no response came, though the question has been touched upon in more recent issues of the *Medical Record*. However, good material for opening up the subject may be found in an article in the *Medical Record* of September 26, which probably represents the conservative and general opinion of the medical profession. In this contribution it is said that, "thanks to the great advance made in nursing in our day, we physicians can usually have our directions and treatment of patients intelligently and faithfully carried out if we constantly have the courage to insist upon what is best for the well-being of our patients and our moral self-respect. I am not quite sure that the nurse's realization of the doctrine of self-sacrifice and devotion has continuously improved. I am also convinced that more than one subject nurses are taught at some length in the schools had better be let alone. This acquired smattering of anatomy, physiology, and therapeutics is often of practical detriment in the role of the nurse. They are tempted, with imperfect knowledge, to give counsel or direct at times when they should seek only to comfort and serve."

The name of the author of the above is purposely omitted in order to avoid every appearance of personal polemic in the advocacy of opposing opinions. For the same and other reasons the writer assumes a nom-de-plume. Ideas are only of value as they prove true. The author is simply a vehicle, as his pen is, and amounts to nothing. The days of ambition for honors or notoriety have passed. The primary and fundamental question is the amount and character of the instruction given to nurses or asked for by them, and may well be introduced by repeating the following: "That more than one subject nurses are taught at some length in the schools had better be let alone. This acquired smattering of anatomy, physiology, and therapeutics is often of practical detriment to the nurse. They are often tempted, with imperfect knowledge, to give counsel or direct at times when they should seek only to comfort and serve."

Admitting that the accusation is true in many cases, is it not equally true that the real trouble lies in the very "smattering of imperfect knowledge" on the part of the culprit? Is it not this "smattering" which constitutes the dangerous thing, or "little knowledge," complained of in the well-known and oft-quoted saying. Would not a more fundamental, and at the same time broader, education in scientific fundamentals remove or nullify the very danger mentioned? Would not more knowledge with specific education in its professional application enable the intelligent nurse to better understand her place and keep her professional position, both in regard to the attending physician and patient? The trouble seems to be just where it has been placed, but with quite the contrary meaning—that is, in the "smattering of imperfect knowledge" now wofully

given to nurse students in the so-called training-schools. Not only does the trouble lie in the "smattering," but the manner of applying it to the needs of the nurse is still more culpable. It is neither the "fish, flesh, nor fowl" of education, and is practically indigestible for either medical student or student nurse. It is a sort of half-way neodescript unsuitable for any specific purpose. In a certain sense the lectures to nurses are mostly voluntary, and it has often happened that lectures are scheduled for certain hours, and no lecturer has appeared for a week, thus disappointing as well as demoralizing the nurse students. No serious study has yet been given to the proper adaptation of what may be termed medical education to the needs of the nurse, and, as previously intimated, the stuff they do get is not suitable to the medical student, and being a most indigestible digest of what is generally offered to medics is equally unsuitable to the nurse student. *The education of nurses should be far more in the hands of especially gifted and educated nurses than at present.** Even the physician or surgeon lecturer should know intimately the requirements of the nurses and have the power of special adaptation, and have time and enthusiasm to apply himself or he is unfit. The question of education in any line is fully as much in the specific adaptation of what is offered to the needs of the student as in the material itself. Too much education is to be likened to good food improperly cooked and totally unadapted to the digestive apparatus of the patient.

Profession or trade? That is the question. Does not the issue before us find its counterpart in the medical profession? Is it not what all earnest thinking men have combated and are still combating? *Should we not then uphold the endeavors of the most intelligent nurses for the better education of their class in our own self-interest?** Certainly the intelligent public has no less interest and the unintelligent will be equally benefited. In medicine do we not have the educated professional, the physician, and have we not still with us the graduate of the medical hothed, with his "smattering of imperfect knowledge," the trade-doctor? It is the trade-doctor the medical profession has been endeavoring to purge itself of as an undesirable parasite, and it is the trade-nurse, with her "smattering of imperfect knowledge," that must be purged out of the ranks ere we can have the more desirable and better-educated professional nurse. The question is, if the better class of nurses are ready and anxious to take the medicine, should not we physicians prepare and administer the dose? Cannot the nurses say to us, "Why stand ye idle here?" On all other questions of education we have come to the conviction that "a little knowledge is a dangerous thing," and that the most exact and fundamental education possible is the only remedy against social anarchy; but in regard to the education of nurses our most learned colleague would have even the "smattering of imperfect knowledge" removed "because the semi-educated nurse raises anarchy in the house by giving counsel and directing where the properly educated nurse would not. Is not the real remedy to be sought in following the adage to "take another bite of the dog that bit you": not only a "bite," but to consume the whole digestible part of the carcass? By education alone can the "trained (trade) nurse" be abolished and the professional nurse, in her way the equal of the professional physician, become a gloriously creditable member of society. It is the "trained nurse," with her "smattering of imperfect knowledge," that raises anarchy with the patient, as it is the trade-doctor who does the same thing. Both have that dangerous disease, *macro-cranialis gigantious*, the only remedy for which is more and better fundamental education. The trained nurse of to-day is simply a more or less perfectly drilled machine and not at all educated in the professional sense.

* Italics are ours.

Which is better for us physicians, to remove the "smattering" of knowledge the nurse may now possess and increase the trade-training, or augment the knowledge and thoroughly teach the nurse student how best to apply it to her own interest? Please do not jump on that, ye altruistic emotionalist. Know ye not that he who serves himself intelligently (with all that word implies) will give the best possible service to others?

Who has not met a "trained nurse," a most highly approved graduate of some recognised training-school, well drilled in all the tactics of her trade, absolutely without even a "smattering of knowledge" in anything but the trade sense, but unquestionably competent in that sense, whose looks and manners were that of an ill-bred person who murdered the King's English "to absolute distortion, who was without active intelligence and yet so well drilled as to automatically do her work? Is not the picture only too true? That is the kind of nurse our most distinguished colleague seems to advocate. Even such as that may have her place in some wards in a hospital where refining influences are uncalled for? On the other hand, are we not straining every nerve in our endeavors to free ourselves from just that class of society? The educated and refined nurse in the hospital is a strong power in the elevation of such inmates. Again, the trade-nurse may be useful during an operation, or in the worst stages of a dangerous disease, when the patient is indifferent to surroundings; but of what value is such an ignoramus in the convalescence of a refined and educated patient? The thoroughly educated and refined professional nurse can do all the best of trade nurses can, and more still, and is to be depended on in emergencies where the drilled machine would stop short for want of intelligence and that education which makes a person active and reliable. The best trade nurse is to be compared to the old-time "able seaman" who knew all the details of his trade, but was absolutely useless to direct the work and generally completely demoralised without the guidance of the educated officer in case of disastrous emergency. As things are, too many nurses are of the trade-nurse type. Is not the medical profession ready for the truly professional nurse? The better educated and more refined portion of the public certainly demands them. They are equally necessary to the service of the less educated and cultured.

The writer has ever been an opponent of private, semi-public, or even endowed educational institutions for any branch of education having to do with fitting persons for the public service. If any branch of that service is especially public and should be controlled for and by the best representative public intelligence, it is the medical profession, of which that of nursing is an inseparable part. As things now are, the hospital is the training-school, but it can never become the school for the fundamental education of student nurses. The student nurses in hospital training-schools are so driven with trade-work that it is impossible for them to find time for detailed study and critical thought over the conditions presented by patients. What knowledge they do get is too much of the "pick-up" type. It is a veritable "prostitution" of the name education. It is "Drill, ye tarriers, drill," until all energy is fairly trained out of the unfortunate nurse candidates. The only recourse is, as stated in a previous article, for the public to establish preparatory or normal schools for the instruction of student nurses specifically and broadly in the scientific fundaments of their profession by persons especially qualified by study and experience to adapt that knowledge to the needs of the professional nurse. This question of the specific fundamental education of the nurse will be treated in a future communication.—Mnemon in the *Medical Record* of December 5.

EDITORIAL COMMENT

A QUESTION OF LOYALTY

JUST as the JOURNAL was going to press for the February number we received a very astonishing communication, without signature or address, claiming to be the report of a two-days' meeting of the nurses of the State of Iowa held in Des Moines on January 4, with a copy of a bill for the registration of nurses adopted at that time.

It is contrary to the policy of this JOURNAL to give space in its pages to anonymous communications of any kind. The signature of the sender need not appear unless so desired, but the writer must give her name and address in full to the editor in order to receive recognition. This Iowa communication possibly may not be authentic, but if it is true that the nurses of that State have drafted, considered for two days, and adopted the bill for registration that accompanied the report, then we can only say that the nurses of Iowa have been culpably disloyal to their profession.

The report says: "Our Committee on Legislation reported that they had learned some lessons from our sister States and tried to make the bill as simple as possible, one in which the machinery of the State need not be changed by creating new offices and curtailing added expenses.

"To do this the bill provides that the State Board of Medical Examiners be made a State Board for Registration of Nurses."

There would seem to be but one of two conclusions to be drawn from this remarkable statement: either the nurses of Iowa are ignorant of the underlying principles upon which their "sister States" have based their action, or they lack the courage to fight their own battles and the knowledge and ability to undertake the management of their own affairs.

It seems absolutely incredible that any body of intelligent women should deliberately cut themselves off from all possibility of creating for themselves and for the nurses of their State in future the position of a profession, for without self-government and the right to create the standards of nursing education and to regulate the practice of nursing, professional recognition can never be attained.

This action of the nurses of the State of Iowa, if true, goes to prove that we need not fear opposition from any outside body of people nearly so much as the ignorance or disloyalty of the women of our own profession. In every State nurses have gained the important points for which they stood united. The Iowa nurses have given a set-back to nursing educational progress in this country which it will take generations of nurses to overcome.

The bill gives to the State Board of Medical Examiners absolute power to decide upon the standards of education in the training-schools, and to make such rules for the examination and registration of nurses as it shall see fit. It does not contain a suggestion that nurses shall have now, or at any future time, even a voice in the regulation of their own affairs. Iowa will hardly expect reciprocity with those "sister States" which she has so dishonored.

In this connection, we ask our readers to turn to Miss Dock's comment in the Foreign Department upon the situation in Great Britain. The registration movement began in England many years before the agitation in this country had taken definite form. Because of the lack of union among the English nurses years have been lost, during which time there has been discord of a character most detrimental to progress. American nurses do not need to be reminded that "divided we fall." We may differ on minor local points, but in the great principles involved, which are the right of nurses to regulate the educational standards of the nursing profession, all of the States must stand united or registration fails of its purpose.

We can only hope that before it is too late Iowa may see the error of her proposed action. We call the attention of Iowa nurses to Dr. Welch's views on this very point of the justice of Examining Boards being composed of nurses, to be found on page 487 of this issue. The nurses in the "sister States" have had the approval and support of distinguished medical men in their claim for self-government, and we have yet to know of an organized body of representative physicians who even desire to exercise a dominating control over nursing affairs. Such interference comes only from petty individuals with a selfish end to serve.

PROGRESS OF REGISTRATION

THE DISTRICT OF COLUMBIA.

GRANTING that the laws of the District of Columbia are unique, and that the nurses of Washington are handicapped at the outset by the unusual form of the local government, the bill introduced in the House of Representatives on January 28 by Mr. Babcock seems to be only a degree better than the proposed Iowa bill, but with this great difference: the Iowa nurses deliberately asked to have registration placed under the control of the Board of Medical Examiners, while in Washington the bill was framed by the Commissioner of the District before the nurses had completed the organization of their association, and if we are rightly informed they were given the alternative "to take this or nothing."

1. The bill provides for a Board of five Nurse Examiners, *appointed by the Commissioner of the District.*

2. The Graduate Nurses' Association of the District of Columbia, which was organized to secure registration, is not recognized nor permitted to nominate the candidates to the Commissioner.

3. The Board of Examiners are made subject to the Board of Medical Supervisors of the District, in which Board of Supervisors is vested the authority—without advice from the Nurse Board of Examiners—to decide upon the standards of education of the training-schools and make such rules for the registration of nurses as it may see fit. There is a similarity in the power given to the Board of Medical Supervisors to the authority vested in the Regents in the New York bill, but with this difference, in the Washington bill the Nurse Board has not the right to recommend or advise as it has in the New York bill. As we interpret the District bill, the Nurse Board examines applicants that are referred to it by the Board of Medical Supervisors under such rules and regulations as the supervisors may direct.

We hope the nurses of the District of Columbia will see to it that this bill is amended to give to the Nurse Board the privilege to recommend to and advise with the Board of Medical Supervisors in the same manner as has been

granted to the nurses of New York. The recognition of the nurses' association is a matter of importance, and is worth trying for.

MASSACHUSETTS.

Massachusetts has a good bill, which was placed before the House on January 29 and the first hearing given on February 15. Miss M. E. P. Davis, chairman of the Legislative Committee of the Massachusetts State Nurses' Association, led the delegation of over one hundred nurses who rallied from all sections of the State in support of the measure. Mrs. Emily Fifield and Dr. James Putnam spoke for the people and the medical profession. Some slight objections were raised, but on the whole the outlook for Massachusetts is favorable. Both of these bills will be published as soon as their fate is known.

CONNECTICUT.

The Graduate Nurses' Association of the State of Connecticut was organized at the New Haven Hospital on February 17 with a representation of sixty-five nurses from different parts of the State. Miss Sophia F. Palmer was the guest of the occasion and the meeting was most enthusiastic. There will be no attempt to draft a bill until the association is fully organized and the nurses of the State have learned to work together for the common good.

NEW YORK STATE.

There has been some unavoidable delay in the Regents' Office at Albany in the work of engrossing the certificates of registration of those applicants approved by the examiners, but certificates are now being issued.

Nurses have become impatient under this long delay, but, like in all new work, there have been obstacles and difficulties in the beginning that will not have to be considered now that a routine has been established and the members of the board know the work.

Nurses who want their certificates this year should get their applications in soon. The vacation season will scatter the examiners, and much can be accomplished before that time if applications come in quickly.

A NEW FIELD FOR NURSES

In connection with the article on "The Nurse's Work in Milk Stations," Dr. Goler in a personal letter to the editor makes the suggestion that there would seem to be an opening for nurses in the dairies in the country. In writing of this he says:

"It seems to me that there is a career for trained nurses in this line of work, as anyone may well see who would take the pains to visit the so-called dairies in the country, or the city dairies as well. A nurse with some business experience might at first start a business partnership with a small farmer. One such success of this kind of business copartnership would tend to spread the work all over the country. If it is desirable for nurses to go to individual sick-rooms, to offer their services in the Philippines and Cuba, and to work in the slums as district nurses, I think it is equally as desirable for the nurse to give her time and attention to aid in the production of pure milk, and thereby aid in saving the lives of many hundreds, even thousands, of children who otherwise would succumb to the dangers of dirty milk."

When we see the great number of nurses who, after a few years of work,

feel that they must get out of active nursing for at least part of the year, Dr. Geier's suggestion would seem to open a new field to many. Nurses who are farmers' daughters might easily turn their knowledge of bacteriology and pure milk to profit on the farm.

We have given Miss Kennedy's little sketch in her own words, showing a few photographs taken by her during the summer. We can testify that she returned from her seemingly lonely experience at the farm sunburned and happy, ready to take up the burden of her work with renewed strength and vigor.

AN ARMY RESERVE NURSE DEPARTMENT

We call the attention of our readers to an announcement in the Official Reports of the formation of an emergency corps of volunteer nurses who shall hold themselves in readiness to serve the government in event of war or national calamity.

One naturally associates this announcement, coming just at this time, in some way with the Japanese-Russian War, but the events are only coincident. This call for nurses is the result of a plan which has been under consideration for some time, waiting for a convenient opportunity to undertake the extra work in the Surgeon-General's office. The Nurse Corps department is now running so smoothly that Mrs. Kinney is able to give her attention to the formation of a reserve force, with a view of preventing the occurrence at any future day of the confusion that arose upon the breaking out of the Spanish-American War.

Mrs. Kinney has issued a circular letter to the superintendents of approved training-schools asking for their coöperation in securing a representative body of women for this department of the service.

With ample time to investigate credentials, many unfortunate mistakes arising from the emergency of war should be entirely avoided. Splendid women served in the Spanish War, conducting themselves with dignity, and proving that women can endure hardship under any condition as well as men, but there were too many of the adventurous class enrolled, and many before untried in temptation failed in the moral qualities.

Superintendents who may be called upon to indorse applicants for this service cannot be too rigid in their refusal to vouch for nurses unless they are sure of the womanly qualities as well as the professional. Under the plan that the Nurse Corps department has organized this work, if *politics* can be kept out, it will be "up to" the superintendents if the wrong kind of women are enrolled for emergency service in the army.

THE JOHNS HOPKINS HOSPITAL LOSSES

In the department of Hospital Items we have printed a clipping authenticated by Miss Nutting, giving in detail an account of the losses of the Johns Hopkins Hospital in the Baltimore fire. We are informed that the revenues of the hospital are diminished one-half, and, as a natural consequence, the work of the institution must be tremendously curtailed unless assistance comes from some unlooked-for quarter.

While our sympathies are with the hospital as a whole, our special anxiety is for the Training-School. With the retrenchment that these losses will make necessary in every department of the hospital work, the preliminary course can

hardly escape some curtailment, and its development, at least for a time, be retarded. This means a serious blow to the profession at large, for the methods that this school has been able to demonstrate have given an impetus to preliminary training that will eventually revolutionize the whole training-school system.

We shall hope to hear that help has been received from some source to ward off the immediate danger, and when the city has recovered from the stunning blow of its terrible disaster, that provision can be made for the continuation of the work of the hospital in all of its departments.

THE ASSOCIATED ALUMNÆ MEETING

THE time decided upon for the Associated Alumnæ meeting in Philadelphia is Wednesday, Thursday, and Friday, May 11, 12, and 13, and the change is made to accommodate the Western members who may be going to Berlin.

There are two very important questions to be discussed at this meeting, mentioned before in these papers, and delegates should be selected who are informed and able to deal wisely with complicated subjects.

It will be remembered that the amendments to the by-laws, the consideration of which was commenced in Chicago two years ago, were not completed at the Boston meeting last year because of the difficulty of deciding what provision should be made for the affiliation of the States. The year has brought great changes in the situation. State organization and registration have forged ahead even more rapidly than was anticipated, and the next step must be some kind of affiliation between the States as a means of establishing reciprocity. Shall affiliation be through the National Alumnæ, or will some other form of organization for State affiliation become necessary?

The second vital question is the future ownership of THE AMERICAN JOURNAL OF NURSING? Delegates should be familiar with this subject and able to act intelligently for the association they represent. The situation in a nutshell is this: In the beginning the Associated Alumnæ as a body failed to secure the necessary capital to establish the Magazine. A few members advanced the money necessary, organizing themselves into THE AMERICAN JOURNAL OF NURSING Company, but with the distinct understanding that they would sell out to the Alumnæ Association whenever that body could reimburse them for their outlay. Each year the JOURNAL as a business becomes more valuable, now amounting to more than ten thousand dollars, and the amount to be raised increases with delay. The question is, Shall the Associated Alumnæ make a supreme effort to own the JOURNAL, or will it relinquish the idea conclusively and leave the responsibility and development of the JOURNAL enterprise in the hands of its present owner?

Suggestions through the JOURNAL are invited, and may help to solve these problems, and April will be a very opportune month in which to discuss them.